



## Nursing Home to EMS Report Sheet for Potential Stroke Patient

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Nursing Home Information	PATIENT/FAMILY EMERGENCY CONTACT			
	Name: _____		Circle what applies: HCP    Emergency Contact    POA	
	Phone Number: _____			
	Code Status (CIRCLE)	DNR    DNI    Full Code	Comfort Measures    eMolst	
	Nursing Home Contact	Name: _____		Phone: _____
	STROKE SIGNS & SYMPTOMS (CIRCLE ANY THAT APPLY)			
	Slurred speech [ yes / some / no ]		Ataxia [ body ] [ right / left ] [ arm / leg/ both ]	
	Aphasia [ mute / garbled / confused ]		Vision impairment [ one eye / both eyes ] [ right / left ]	
	Weakness [ right / left ] [ arm / leg / both ]		Increased and/or New Confusion [yes] / [no]	
	Facial droop [ right / left ]		Other: _____	
	DATE & TIME			
	Last Known Well Time: _____ AM / PM		Current Alert & Orientation: _____	
	Symptom Discovery Time: _____ AM / PM		Current VS: _____	
	PATIENT HISTORY			
	Recent surgery or bleeding episodes	NO	YES	Details: _____
	Previous brain hemorrhage	NO	YES	Details: _____
	Brain cancer	NO	YES	Details: _____
	Recent head trauma /Unwitnessed fall	NO	YES	Details: _____
	Previous stroke/TIA (Hx of/if so when)	NO	YES	Details: _____
	Migraines	NO	YES	Details: _____
Seizures	NO	YES	Details: _____	
Diabetic	NO	YES	Details: _____ Blood Sugar: _____ (Oral Meds) (Insulin)	
Blood thinning medications	NO	YES	[e.g., (warfarin (Coumadin), apixaban (Eliquis), rivaroxaban (Xarelto), dabigatran (Pradaxa)]	
Allergies	NO	YES	Details: _____	
PATIENT BASELINE				
Level of Assist (amb) (SPT) (sit to stand) (hoyer)		Weakness [ yes / no ]    Details: _____		
Difficulty Swallowing [ yes / no ]		Alert and Oriented [ yes / no ]    Details: _____		
Speech difficult [ yes / no ]		Other: _____		
EMS	ASSESSMENT			
	Glucose: _____		Cardiac Rhythm: [Sinus / Atrial Fibrillation / Other]	
	Blood Pressure: _____			
	STROKE SPECIFIC REPORT EMS TO EMERGENCY DEPARTMENT			
	Basic Data • Age • Gender • Chief Compliant	Symptoms • Last normal • Trauma • Seizure	History • Recent surgery • Recent illness • Medications	Exam • GCS • FASTED Scale • VS & glucose