



## Montana Stroke Initiative Acute Stroke Care Plan Rural & Frontier Hospitals

Time	Actions	Quality Measures
↑  20-30"  ↓	Patient Arrival	<input type="checkbox"/> Private <input type="checkbox"/> EMS <input type="checkbox"/> Prehospital Screen
	Provider Assessment 1. ABCs/ Vitals 2. History Onset/ Time Last Seen Normal _____ 3. Warfarin / Antiplatelet <input type="checkbox"/> Yes <input type="checkbox"/> No 4. General Exam 5. Perform mNIHSS	Vitals including wt. completed Y/N  Onset or last seen normal time noted Y/N  Anti-coagulation history noted Y/N  mNIHSS completed Y/N
	Initial Care 1. O2 Sat>92% 2. Keep NPO 3. Initiate BP Protocol 4. Treat Temp >99.5	NPO noted Y/N
	Diagnostics 1. Labs: CBC, PTT, PT/INR, Lytes, Glucose 2. EKG 3. CT Performed Stat	Labs completed Y/N EKG completed Y/N Time to CT (and results received) <45 minutes Y/N
	Level of Care Does patient/family desire aggressive treatment/resuscitation efforts?	Discussed treatment options including t-PA Y/N
	Disposition Decision 1. Treatment Candidate 2. Transfer Patient 3. Admit Patient	Admitted / Transferred t-PA considered in those onset < 3hrs Y/N If yes, t-PA treated Y/N