

## DIRECT ADMIT PRELIMINARY REPORT

FAX TO: 217.788.5586

Patient Name: \_\_\_\_\_

Facility: \_\_\_\_\_ Phone #: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

# S

**SITUATION:**

History of Present Illness: \_\_\_\_\_

Initial Vital Signs: **Temperature:** \_\_\_\_\_ **Pulse:** \_\_\_\_\_ **Respirations:** \_\_\_\_\_ **Blood Pressure:** \_\_\_\_\_

O2 Sat: \_\_\_\_\_ Pain: \_\_\_\_\_ Accu Check: \_\_\_\_\_

Monitor Rhythm: \_\_\_\_\_

# B

**BACKGROUND:**

Past Medical History:  HTN  COPD  CHF  Asthma  CAD  PVD  DVT  CA  
 Diabetes  Insulin Dependent  DNR  Other Medical History: \_\_\_\_\_

Allergies: \_\_\_\_\_

Isolation:  No  Yes Type: \_\_\_\_\_

IV Access: \_\_\_\_\_

Medical Devices:  Pacemaker/AICD  Medication Pump or \_\_\_\_\_

# A

**ASSESSMENT:** \_\_\_\_\_

**LOC:**  Awake  Arousable  Unresponsive  Confused  Agitated  Oriented

Abnormal Labs: WBC \_\_\_\_\_ Hgb \_\_\_\_\_ Hct \_\_\_\_\_ Plt \_\_\_\_\_

Na \_\_\_\_\_ Cl \_\_\_\_\_ K+ \_\_\_\_\_ BUN \_\_\_\_\_ Creat \_\_\_\_\_ Glucose \_\_\_\_\_ CO2 \_\_\_\_\_

PTT \_\_\_\_\_ PT \_\_\_\_\_ INR \_\_\_\_\_ CK \_\_\_\_\_ MB \_\_\_\_\_ Lactic Acid \_\_\_\_\_

TROP \_\_\_\_\_ BNP \_\_\_\_\_ D-Dimer \_\_\_\_\_ Myoglobin \_\_\_\_\_ Mg++ \_\_\_\_\_

Tox Screen: \_\_\_\_\_

Meds Given and Response: \_\_\_\_\_

# R

**SERVICE REQUESTED:** \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

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

# Memorial **STROKE CENTER**



## **ISCHEMIC STROKE TRANSFER PROTOCOL**

**Patient presents in an outlying hospital Emergency Dept. (ED) with signs and symptoms of stroke.**

ED physician begins stroke evaluation:  
Conducts neurologic assessment (NIHSS and establish time of symptom onset/last known normal),  
non-contrast CT of the brain, labs (PT/INR, BMP, CBC)

**ED calls **MEMORIALACCESS**  
**877.662.7829**  
and reports stroke patient for stroke team consult**

**MEMORIALACCESS** contacts a stroke-trained neurologist to discuss with referring ED physician regarding patient presentation and treatment options.

IF STROKE SYMPTOM ONSET  
IS LESS THAN 4.5 HOURS

If IV t-PA administration can begin at referring hospital, Memorial's Stroke Center neurologist will guide the referring physician until the patient is transferred.

If IV t-PA cannot be administered at the referring hospital, the patient can be transferred to Memorial Medical Center for possible IV t-PA and/or other acute stroke interventions.

IF STROKE SYMPTOM ONSET  
IS GREATER THAN 4.5 HOURS

Memorial's Stroke Center neurologist will discuss appropriate treatment options with referring hospital's ED physician, including potential neuro-intervention up to 24 hours from symptom onset.

Memorial Medical Center  
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(217) 788-3000

**CHOOSE MEMORIAL.**