

TELESTROKE

Date Time now

Dr (ask to spell name)

Hospital Dept

Tel No

Pt Name d.o.b. .../.../... Age

Stroke onset (Dr) (Pt)

Story (Doctor) (Patient)

Exam

ROSIER =

Weight

Meds

Check

CT underway?

Bloods underway?

BS

INR

Platelets _____

NIHSS Happy to do with me & agree score?