

Stroke Onset Date / Time _____ / _____

Discharge Date _____

Dr. _____

Faculty Discharge Note

Resident / Intern _____

PMD _____

Discussion of Hospital Stay:

Diagnosis (Check all that Apply)

- TIA
- Ischemic Stroke with Infarction
- Cerebral Hemorrhage
- Stroke Syndrome without Infarct
- SAH

Mechanism of Stroke

- Small Vessel Occlusive
- Large Vessel Atherosclerotic
- Vasculitis
- Cardioembolic
- Tandem Lesion Stroke (Artery to Artery embolus)

Hypercoagulable State (specify defect) _____

Other identified cause (specify) _____

Cryptogenic (unidentified cause) _____

Hemorrhagic Transformation of Ischemic Stroke

- Hypertensive Hemorrhage
- Ruptured Aneurysm
- Lobar Hemorrhage
- Ruptured AVM

Clinical Manifestations

- | | |
|--|--|
| Presenting Symptoms | Discharge Day Exam |
| <input type="checkbox"/> Aphasia <input type="checkbox"/> Ataxia <input type="checkbox"/> Dysarthria | <input type="checkbox"/> Aphasia <input type="checkbox"/> Ataxia <input type="checkbox"/> Dysarthria |
| <input type="checkbox"/> Dysphagia <input type="checkbox"/> Numbness/Tingling | <input type="checkbox"/> Dysphagia <input type="checkbox"/> Numbness/Tingling |
| <input type="checkbox"/> Weakness(face, arm, leg) | <input type="checkbox"/> Weakness(face, arm, leg) |
| <input type="checkbox"/> Visual loss <input type="checkbox"/> Others: _____ | <input type="checkbox"/> Visual loss <input type="checkbox"/> Others: _____ |

Location of NEW INFARCTS

- | | |
|--|---|
| <input type="checkbox"/> Cerebral Cortex: | <input type="checkbox"/> Subcortical Areas |
| <input type="checkbox"/> Left hemisphere | <input type="checkbox"/> Subcortical white matter |
| <input type="checkbox"/> Right hemisphere | <input type="checkbox"/> Internal capsule |
| <input type="checkbox"/> Frontal Lobe | <input type="checkbox"/> Basal ganglia |
| <input type="checkbox"/> Parietal Lobe <input type="checkbox"/> ACA | <input type="checkbox"/> Thalamus |
| <input type="checkbox"/> Occipital Lobe <input type="checkbox"/> PCA | <input type="checkbox"/> Brainstem |
| <input type="checkbox"/> Temporal Lobe <input type="checkbox"/> MCA | <input type="checkbox"/> Cerebellum (VB) |
| | <input type="checkbox"/> Spinal Cord |
| | <input type="checkbox"/> Unknown |

Total Time Spent Coordinating Care: _____ min

Discharge prescriptions and/or referral forms given

Patient Instructions _____

Hospital course reviewed with patient, see discharge summary

Follow-up Appointment: (check below)

In NV resident clinic with Dr _____ in _____ wks

With Dr _____ in Thursday multi-disciplinary NV clinic in _____ wks

With Dr _____ in Neurology clinic in _____ wks

In _____ wks with next available stroke faculty

Staff Signature _____ Date/Time _____

Resident Signature _____ Date/Time _____

Diagnostic Procedure Results

CT : Results: Hemorrhage Ischemic infarction

TEE Results:

- Negative.
- Positive for intra- atrial clot.
- Positive for patent foramen ovale.
- Positive for left atrial enlargement.
- Other: _____

TTE Results:

- Negative.
- Positive L Ventricular Hypertrophy
- Positive intra-ventricular clot.
- Other: _____

Ejection Fraction: 0-40% 41-60% >60%

MRI: Results: Normal New Infarct

Non localizing microvascular disease Other

MRA: Results: Normal Intracranial stenosis Other

LP _____

Carotid Duplex Results:

- Negative.
- R Carotid Stenosis >50%. L Carotid Stenosis >50%.

ANGIOGRAM: Results _____

EKG rhythm: NSR Afib Other

LABS: Total Cholesterol _____ LDL _____

Homocysteine level _____

Coag. Studies _____

Others: _____

Other Tests: _____

Stroke Treatment/ Prevention

Acute Therapy

Fibrinolysis _____ IV _____ IA

Stroke Team Consult (specify reason) _____

Stroke Study Enrollment (specify which study) _____

Prevention Therapy

Pre-admission

- Aspirin (dose _____ mg)
- Dipyridamole
- Warfarin BP Meds
- Ticlopidine
- Clopidogrel
- C. Endarterectomy
- Cholesterol Lowering Agent
- No therapy

Discharge

- Aspirin(dose _____ mg)
- Dipyridamole
- Warfarin BP Meds
- Ticlopidine Modified
- Clopidogrel
- C. Endarterectomy
- Cholesterol Lowering Agent
- No therapy

RISK FACTORS IDENTIFIED AND MODIFIED:

- Hypertension Diabetes Hyperlipidemia Smoking
- ETOH A-fib prior CVA/TIA PFO/ASD Migraines
- PVD CHF CAD

Other: _____

NIH Stroke Scale- Admission Score: _____

NIH Stroke Scale- Discharge Score: _____

Rankin Admission 1 2 3 4 5

Rankin Discharge 1 2 3 4 5

Diag Sum Isch Stroke



3746

ORIGINAL - Medical Records
CANARY - Nursing

Froedtert Hospital

9200 West Wisconsin Avenue
P.O. Box 26099
Milwaukee, WI 53226-3596

3746
5/04

Primary Affiliate of the
Medical College of Wisconsin

SAME AS 1