



Mock Stroke Code				
Date:		Time:	Shift (circle): Day Evening Night	Hospital Name:
AHA Scenario number:		Participants Responding:		
Time	Patient Arrival:	Private Vehicle	Ambulance	Response deficiencies:
	Last seen normal			
	Symptoms noted			
	Arrival (door in)			
	Mock Code Activated			
	Physician at Bedside (ED vs hospitalist/neurologist for inpatients)			
	Stroke activation order-set (CT, CTA, labs, tele stroke consult)			
	Blood pressure, result: (BP should be <185/110 prior to administration of lytic)			
	Capillary Blood Glucose, result:			
	LVO screening, result:			
	LVO screening method/s:			
	Decision on need to transfer			
	Transfer requested			
	IV inserted #1/ Labs drawn			
	NIHSS score (Not to Delay CT), result:			
	Access to Neurologist (or Teleneurology/Telestroke)			
	CT completed			
	CT interpreted, by:			
	Needed labs resulted			
	IV #2 inserted			
	Decision on thrombolytic			
	If thrombolytic not given, reason:			
	Thrombolytic ordered			
	Thrombolytic at bedside			
	Thrombolytic administered			
	If delay in thrombolytic, reason:			
	Additional Documentation: Document vital signs and neuro assessments as ordered (Q15 for 1 st 2 hours, then Q30 x 6 hours, then hourly x 16 hours) – address SBP >180 or DBP >105mmHg; notify MD for neurological worsening, angioedema, or evidence of bleeding			
	Swallow Screen prior to oral intake/medication administration			
Other Notes:				