

# Luther Midelfort Primary Stroke Center

## Acute Stroke Treatment Outcome and Continuous Improvement Data Collection Form

Patient's Sticker:

**NEUROLOGISTS:** PLEASE RECORD THE BELOW INDICATORS FOR STROKE DATA COLLECTION.

<u>INDICATORS:</u>	<u>DATA</u>
Date and time of onset of stroke symptoms	_____
Time Neurologist notified	_____
Time Neurologist arrived	_____

Comments:

Please return this audit to Shannara Faupl, Neuro 4<sup>th</sup> Floor