

ANGELS PLUS

STROKE PROCESS DATA FORM



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60 MINUTES = LIFE
MAKE EVERY SECOND COUNT

If you are enrolled in the Angels Plus program, use this form for all stroke code procedures.
Once complete, apply this data to the Angels Plus spreadsheet, available on:
www.angels-initiative.com/sites/default/files/angels_plus_corrected.xlsx

TIME
(in minutes)

Pre Hospital Time	TIME OF THE FIRST SYMPTOM <i>In case of stroke during sleep, please put an estimated time</i>	0 mins	WAS THE EMERGENCY CARE SERVICE CALLED? <i>In case that the stroke occurred already in the hospital, please select "No".</i>	
	TIME FROM FIRST SYMPTOMS TO ARRIVAL OF THE PATIENT AT THE HOSPITAL <i>In case the stroke occurred in the hospital, please put 'time of the first symptom' as the arrival time</i>		WAS THE HOSPITAL PRE-NOTIFIED BEFORE THE ARRIVAL OF THE PATIENT AT THE HOSPITAL?	

TIME
(in minutes)

Door Time	TIME OF PATIENT ARRIVAL AT THE HOSPITAL <i>In case the stroke occurred in the hospital, please put 'time of the first symptom' as the arrival time</i>	0 mins		
5 mins	FIRST MEDICAL CONTACT IN HOSPITAL <i>Regardless of whether with a nurse, ER doctor, stroke unit clinician, other physician</i>			
10 mins				
15 mins	Code Stroke activation			
20 mins				
25 mins	Blood samples arrived at laboratory for analysis			
	Scan started		Initial imaging procedure (type)	
30 mins				
35 mins				
40 mins				
45 mins	Time imaging results were reported to the decision-taking clinician			
	Blood results that influence the clinical decision were received by the decision-taking clinician			
50 mins	First consultation with stroke specialist		Does the patient have any contraindications for thrombolytic therapy use?	
55 mins	Therapeutic decision			
			If the patient suffered from an ischaemic stroke, did the patient undergo recanalisation therapy?	
60 mins	Start of therapy			

GOAL TIME DELAY FOR HOSPITAL PHASE

