



**STROKE CARE AUDIT:
Non-Stroke Centres**

Audit 3 to 5 emergency department charts biannually

Facility: _____ Date: _____ Audit completed by: _____

Medical Record Chart Number	Yes or NA		No		Yes or NA		No		Yes or NA		No		Yes or NA		No		Yes or NA		No	
Desired response: Yes (Y) or Not Applicable (NA)—use same column	Yes or NA	No	Yes or NA	No	Yes or NA	No	Yes or NA	No	Yes or NA	No	Yes or NA	No	Yes or NA	No	Yes or NA	No	Yes or NA	No	Yes or NA	No
1. CTAS level 1.																				
2. O2 therapy initiated on arrival to ED.																				
3. Nursing assessment completed within 10 minutes of arrival to ED.																				
4. Transfer to stroke centre initiated within 15 min. of arrival to ED for within therapeutic window.																				
5. If patient was within the therapeutic window, transfer to stroke centre within 30 min.																				
6. If patient was not within the therapeutic window, CT done within 24 hrs.																				
7. Patient maintained NPO until swallowing screen completed.																				
Total number of Y /NA responses only:																				
Assessment:																				
<u> </u> Total # of Yes and NA responses = <u> </u> X 100 = <u> </u> % rate of meeting the indicators Total # of charts audited X 7 indicators																				
Recommendations for improvement:																				