Note: To Be Completed By the RRT Nurse (or as assigned) on ALL in-Patients that require CODE STROKE ACTIVATION.

Documentation of the following times:

CODE ACTIVATION TIME: __________________________
NEUROLOGY AT BEDSIDE TIME: __________________________
EKG COMPLETED: __________________________
LAB TECH ARRIVAL: __________________________
TIME OF LAB RESULTS: __________________________
TIME TO CT: __________________________
t-PA/Alteplase ADMINISTERED: ☐ NO ☐ Yes
Time of Infusion: __________________________ ☐ NA
LOCATION OF t-PA ADMINISTRATION: ☐ NSICU ☐ AED
DISPOSITION OF PATIENT: ☐ RETURN TO ORIGINAL ROOM

☐ NSICU ☐ ACUTE STROKE UNIT ☐ 4 SOUTH/4 NORTH

Signature: __________________________________________ (RRT NURSE)

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