Form Approved

OMB No. 0920-xxxx

Exp. Date xx/xx/xxxx

**Instructions for Paul Coverdell National Acute Stroke Program (PCNASP) Pre-Hospital Data Elements**

Public reporting of this collection of information is estimated to average 30 minutes/hours per response, including the time for reviewing instructions and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | EMS Agency | <EMSName> | What is the EMS Agency Name | Text, 25 characters |  |  |
| 2 | Run Sheet Number | <EMSRunNo> | What is the run sheet number given to the hospital? | Text, 15 characters |  |  |
| 3 | Scene Arrival | <ScnArrD> | \_ \_/ \_ \_/ \_ \_ \_ \_ | Date MMDDYYYY |  |  |
| <ScnArrT> | \_\_\_: \_\_\_\_ | Time HHMM |  |  |
| 4 | Scene Departure | <ScnDptD> | \_ \_/ \_ \_/ \_ \_ \_ \_ | Date MMDDYYYY |  |  |
| <ScnDptT> | \_\_\_: \_\_\_\_ | Time HHMM |  |  |
| 5 | Hospital Arrival | <HospArrD> | \_ \_/ \_ \_/ \_ \_ \_ \_ | Date MMDDYYYY |  |  |
| <HospArrT> | \_\_\_: \_\_\_\_ | Time HHMM |  |  |
| 6 | Patient Age | <Age> | Age |\_\_|\_\_|\_\_| years | Numeric ### = 3-digit | 0 < age < 125 |  |
| 7 | Patient Gender | <Gender> | Gender | Numeric # = 1-digit | 1 - Male; 2 - Female; 3 - Unknown | Select only 1 gender |
| 8 | EMS Diagnosis Impression | <EMSDiagn> | Did EMS think this was a possible stroke? | Numeric # = 1-digit | 1 - Yes; 0 - No |  |
| 9 | Hospital pre-notification Performed | <EMSPreNt> | Did EMS call the hospital to notify them of a possible stroke patient? | Numeric # = 1-digit | 1 - Yes; 0 - No |  |
| 10 | Pre-hospital stroke screen performed | <StkScnYN> | Did EMS perform a pre-hospital stroke scrreen? | Numeric # = 1-digit | 1 - Yes; 0 - No |  |
| 11 | Last Known Well | <LKWD> | \_ \_/ \_ \_/ \_ \_ \_ \_ | Date MMDDYYYY |  | Leave blank if unknown or did not ask |
| <LKWT> | \_\_\_: \_\_\_\_ | Time HHMM |  |
| 12 | Time of discovery | <DiscD> | \_ \_/ \_ \_/ \_ \_ \_ \_ | Date MMDDYYYY |  |
| <DiscT> | \_\_\_: \_\_\_\_ | Time HHMM |  |
| 13 | Thrombolytic Checklist | <tPAChk> | Was a thrombolytic checklist done for possible tPA eligibility? | Numeric # = 1-digit | 1 - Yes; 0 - No/ND |  |
| 14 | Glucose Checked | <GluChkYN> | Was glucose checked? | Numeric # = 1-digit | 1 - Yes; 0 - No |  |
| <EMSGlu> | Glucose level | Numeric # = 3-digit |  | mg/dL |
| 15 | Destination Decision | <DestDscn> | How did EMS make the decision to come to this hospital? | Numeric # = 1-digit | 1 = Protocol to nearest stroke center; 2 = protocol to nearest hospital; 3 = patient/family choice; 4 = enroute medical direction; 5 = nearest hospital; 6 = other or unknown; |  |
| 16 | Follow-up |  | Did EMS receive hospital follow-up | Numeric # 1-digit | 1 = Yes; 0 = No |  |
|  | If yes, did EMS diagnosis of a stroke agree with hospital diagnosis? | Numeric # 1-digit | 1 = EMS & Hospital both diagnosed a stroke; 2 = EMS called a stroke and Hospital did not diagnose a stroke; 3 = EMS did not call a stroke and Hospital diagnosed a stroke |  |