

PARTICIPANT EVALUATION

TOPIC: _____

Participant Group: **SOM Participant Checklist**

Name: _____

Date: _____

Please circle the appropriate response.

- | | | |
|--|-----|----|
| 1. Listens carefully to SBAR report, and responds appropriately | Yes | No |
| 2. Performs focused neurological exam | Yes | No |
| 3. Listens/questions family/witnesses | Yes | No |
| 4. Reviews Code Stroke Algorithm | | |
| 5. Reviews pertinent data (medication list, lab results) | Yes | No |
| 6. Orders CT scan/labs if not yet done | Yes | No |
| 7. Evaluates patient history for contraindications to thrombolytic therapy | Yes | No |
| 8. Presents case to neurologist with recommendation for thrombolytic therapy | Yes | No |

COMMENTS:

Instructor: _____