KCH Written Tally (Stroke)

This list is to ensure that all patients seen during short call and night float do not fall off the list and are appropriately signed out. Beginning with short call and ending with night float, please fill out the boxes appropriately below.

Date: _____		
Stroke Service		
Patient Last Name	**MRN**	**Pending Attending Evaluation? (Y/N)***

*Yes if staying in the hospital
*No if send out