**Montana Stroke Initiative**

**Acute Stroke Transfer Checklist**

*(to guide transfer prep, report, patient records for handoff)*

“This is a\_\_\_\_\_ from (facility). We are sending you a \_\_\_ year old male/female who presented to us at \_\_\_\_\_\_\_.”

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| [ ]  **Symptom timeline and ED presentation** |
| [ ]  Time last known well/stroke start[ ]  Presenting symptoms (BEFAST) [ ]  First NIHSS Large vessel occlusion signs Y N[ ]  First VS: HR/ Rhythm / BP/ RR/ T Sp02 |
| [ ]  **Brain imaging** |
| [ ]  Non-contrast head CT Hemorrhage? Y N[ ]  CT angiogram head/neck Occlusion? Y N[ ]  Other: [ ]  Verify images uploaded to PACS/pushed to receiving hospital  |
| [ ]  **Past medical surgical history** |
| [ ]  Relevant illnesses[ ]  Surgeries (recent) |
| [ ]  **Current home medications** |
| [ ]  **Care prior to transfer** |
| [ ]  Anticoagulant reversal[ ]  Supplemental O2:[ ]  BP management IVP drugs and drips[ ]  Alteplase total dose, bolus time, infusion start/stop time [ ]  TNK total dose, bolus time. [ ]  IV sites:[ ]  IV fluid totals and urine output[ ]  Last VS and NIHSS:  |
| [ ]  **Transfer considerations** |
| [ ]  Patients who received Alteplase or TNK must be transported to a facility with neurosurgical capability[ ]  Patients who receive Alteplase or TNK must be transported by a level of provider who can [ ]  Conduct frequent neurologic assessments every 15 minutes[ ]  Vital signs every 15 minutes[ ]  BP management to maintain below 180/105mmHg. [ ]  Orders must be in place for the transport team[ ]  BP control for post tPAs and hemorrhagic stroke[ ]  Management of complications of tPAs such as oral angioedema and sudden airway compromise. [ ]  Termination of the Alteplase infusion and normal saline follow up [ ]  Patients with hemorrhagic stroke are at risk for deterioration during transport. The transport team must include providers with skills to provide and manage definitive airways. [ ]  Name of transporting agency:[ ]  **PLEASE ASSURE** **FAMILY CONTACT IS IN TRANSFER RECORDS AND VERBALLY RELAYED IN HANDOFF REPORT**[ ]  **Name / relationship**  [ ]  **Mobile number**[ ]  **Your Call back number** |