**Montana Stroke Initiative**

**Acute Stroke Transfer and Hand Off Checklist**

“This is an \_\_\_ 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 \_\_\_\_   SpO2 \_\_\_\_\_\_ on \_\_\_\_\_ |
| **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** |
| Unk  List:  Surgeries or hospitalizations in the last 3 months: |
| **Current home medications (List)** |
| Anticoagulants:  Other: |
| **Care prior to transfer** |
| Anticoagulant reversal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supplemental O2: \_\_\_\_\_\_\_\_  BP management: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Alteplase \_\_\_ mg 10% bolus at \_\_\_\_\_\_\_infusion started at \_\_\_\_\_\_\_\_\_  TNK\_\_\_\_mg bolused at: \_\_\_\_\_\_\_\_\_\_\_\_\_  IV sites: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  IV fluid given\_\_\_\_\_\_\_\_\_\_\_\_cc Up at departure\_\_\_\_\_\_\_\_\_\_\_\_\_\_cc NS LR  Last VS and NIHSS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: |
| **Transfer considerations** |
| Patients who received Alteplase or TNK (tPAs)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  Name of transporting agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Report called to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **FAMILY CONTACT:**  **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Mobile number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Transferring facility information:**  **Facility name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ED Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print)**  **ED nurse calling report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print)**  **Call back number: (406) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |