**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 \_\_\_\_\_\_\_.”

|  |
| --- |
| **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** |