

Draft Stroke Transfer Template for Emergent Endovascular Rescue  
Must be completed by transferring Emergency Physician and RN

Patient Information -

\_\_\_ Modified Rankin Score (0-3 have potential benefit from therapy)

- 0 No symptoms at all
- 1 No significant disability despite symptoms; able to carry out all usual duties and activities
- 2 Slight disability; unable to carry out all previous activities, but able to look after own affairs without assistance
- 3 Moderate disability; requiring some help, but able to walk without assistance
- 4 Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance
- 5 Severe disability; bedridden, incontinent and requiring constant nursing care and attention

\_\_\_ NIH Stroke Score (Modified) \_\_\_\_\_

<http://www.mdcalc.com/modified-nih-stroke-scale-score-mnihss/>

\_\_\_ CT Angiogram performed?  N  Y Vascular cutoff?  Y  N

\_\_\_ Last seen normal \_\_\_\_\_ Witness: (if available) \_\_\_\_\_

\_\_\_ Next of kin: \_\_\_\_\_ Contact number: \_\_\_\_\_

Aware of the transfer and the goals?  Y  N

\_\_\_ Co-morbidities  DM  CAD  Htn  CVA  COPD  ESRD  PVD  Psych  
 Other \_\_\_\_\_

\_\_\_ Prior physical characteristics that impact exam?  Paralysis  Hearing  Visual

Tasks for ED Nursing:

\_\_\_ 18G IV in AC

\_\_\_ Creatinine drawn

\_\_\_ Patient weight \_\_\_\_\_

\_\_\_ BP normal \_\_\_\_\_

\_\_\_ BG normal? \_\_\_\_\_

\_\_\_ TPA given?  Yes – time \_\_\_\_\_  No – Doctor must discuss with accepting neurologist

Institutional information:

\_\_\_ Accepted for return transfer?  Yes  No – Must discuss with accepting neurologist

Number to call to arrange transfer \_\_\_\_\_

Name of accepting physician for return \_\_\_\_\_

Goal is rapid transfer for endovascular rescue – paperwork completion can follow the transfer of the patient.

All CT studies must accompany the patient on disk unless demonstrated upload into the XXX system.

Lab study results should be called to the XXX Access Center when available.

If there is any delay in an appropriate EMS resource for transfer, please notify XXX Access Center for assistance.