



Montana Stroke Initiative Acute Stroke Transfer and Hand Off Checklist

“This is an ___ 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 _____
- 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) _____