

Acute Stroke Transfer Hand-Off Communication Form

SYMPTOM TIMELINE (Stroke events)	
Last Known Well (onset) Date: ____/____/____ Time: _____	
Presenting Symptoms: _____	
Initial NIHSS Time: _____ Score _____ RACE Time: _____ Score _____	
Initial VS: BP _____; HR _____ RR _____ T _____ VS report sent <input type="checkbox"/> Yes Cardiac Rhythm _____	
SaO ₂ _____ % O ₂ amt/source: <input type="checkbox"/> RA <input type="checkbox"/> NC _____ L/min <input type="checkbox"/> Other _____	
Provide supplemental oxygen to keep SaO ₂ greater than 92% (2018 Guidelines)	
Last oral intake?: ____:____ Keep patient NPO upon admission and during transfer	
BRAIN IMAGING	
CT Non-contrast Head completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hemorrhage on CT scan? <input type="checkbox"/> Yes <input type="checkbox"/> No
CT Angiogram of Head completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Images sent with patient? <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNIFICANT PAST MEDICAL HISTORY	
Copy of recent H & P attached? <input type="checkbox"/> Yes <input type="checkbox"/> Unavailable Known Hx of <input type="checkbox"/> HTN <input type="checkbox"/> AFib <input type="checkbox"/> Diabetes <input type="checkbox"/> Recent MI	
HOME MEDICATIONS	
Home medication list attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Please note the med and last time/date taken if known	
Does the patient take any anticoagulants <input type="checkbox"/> warfarin <input type="checkbox"/> clopidogrel <input type="checkbox"/> rivaroxaban <input type="checkbox"/> apixaban <input type="checkbox"/> dabigatrin	
Ace-inhibitors or BP medications? _____	
IV THROMBOLYTIC THERAPY	
IV Alteplase® initiated prior to transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No BP at time of Alteplase® initiation: _____	
Dose directions: Pt. weight (kg): _____ Bolus time _____ Infusion start time _____ Infusion completed: _____	
Follow Alteplase® with 50mL 0.9% Normal saline at same rate to ensure entire Alteplase® dose is infused	
Recommend transporting with ACLS personnel if Alteplase® given	
HYPERTENSION MANAGEMENT WITH IV THROMBOLYTIC THERAPY or FOR MECHANICAL THROMBECTOMY	
Before, during and after Alteplase®: Keep systolic BP <180mmHg and/or diastolic BP <105	
Recommend labetalol 10 mg IVP x 1 dose, if BP remains elevated 10 min after labetalol, may repeat x1	
Additional therapy for persistent hypertension before, during after Alteplase®- initiate Nicardipine® infusion:	
Start at 5 mg/hour; titrate by 2.5 mg every 15 min to keep SBP < 180 or DBP <105. Max dose 15mg/hour.	
VITAL SIGNS/NEUROLOGICAL ASSESSMENTS WITH IV THROMBOLYTIC THERAPY (including during transport)	
<ul style="list-style-type: none"> • Neurological assessment and VS Q15 min X 2 hours, then Q30 min X 6 hours, then Q1hr X 16 hours • Monitor for signs of deterioration or hemorrhage: sudden, severe headache; sudden change in vision; increased BP nausea/vomiting • Monitor for signs of angioedema (anaphylactic reaction to Alteplase®): new onset of rash/hives, swelling of lips/eyes/face/tongue, decreased BP, airway compromise; labored breathing with stridor- requires immediate intervention including intubation. • Consider diverting to closest hospital if sudden, severe deterioration occurs 	
HEMORRHAGIC TRANSFER MANAGEMENT	ACUTE STROKE TRANSFER (NO IV THROMBOLYTIC OR MECHANICAL THROMBECTOMY)
<ul style="list-style-type: none"> • Maintain SBP 140-160 • Reversal agents administered <input type="checkbox"/> Yes <input type="checkbox"/> No • List agents: _____ _____ • ICH severity score _____ 	<ul style="list-style-type: none"> • Allow permissive hypertension (220/120) • Monitor for neurological deterioration