

Regional Stroke Transfer Checklist



Patient full name _____ DOB _____

Stroke: when to consider a transfer

Hemorrhagic Stroke	Ischemic Stroke
<ul style="list-style-type: none"> Large volume intracerebral hematoma greater than 5cm on CT Concern for expanding hematoma Rapidly declining mental status, especially requiring intubation Hunt Hess score > 3 	<ul style="list-style-type: none"> NIHSS > 4 Signs & symptoms consistent with large vessel occlusion: LAMS ≥ 4 “Give and Go” Stroke in the young (<55 years of age)

STROKE TRANSFER CHECKLIST

- Arrival Time Hospital: _____
- “Last time known well” Date and Time _____
- Date/Time of symptom onset _____
- Presenting symptom _____
- Glucose _____
- Last dose of anticoagulant _____
- NIHSS documentation to assess improvement or decline upon arrival to Comprehensive Stroke Center
 - NIH stroke scale on arrival to your hospital _____ Time _____
 - NIH Stroke Scale at time of transfer _____ Time _____
- Brief documentation of ALL therapies initiated at your hospital
 - If IV thrombolytic therapy is excluded, please document rationale _____
 - If IV thrombolytic therapy is administered, type and time given _____
 - Initiated IV thrombolytic monitoring tool (attached)

<p><u>Modified Rankin Score (mRS)</u> <u>(premorbid function)</u></p> <p>Y N Live alone x 1 week</p> <p>Y N Walk unassisted</p>

PATIENT RECORD ITEMS NEEDED:

- Send Results of all diagnostic testing performed, including lab results and imaging exams.
(All imaging exams transferred to CD whenever possible)
- Pertinent elements of patient past medical history (especially atrial fibrillation, anticoagulant therapy, congestive heart failure, prior strokes, prior intracerebral hemorrhage, recent surgeries or instrumentation and trauma.
- List of patient’s current medications
- Allergies to Medications

***Source of this information** Patient or family member (authorized to give consent)

Contact information of family member: Name _____ Cellphone _____

Acquisition of these items should not delay the transfer of the patient. Emergent transfer minimizing time to presentation an absolute priority.

Completed by: _____ Date: _____

Hunt and Hess Scale

The Hunt and Hess scale describes the clinical severity of subarachnoid hemorrhage resulting from the rupture of an intracerebral aneurysm and used as a predictor of survival.

Hunt and Hess Grade	Criteria
1	Asymptomatic, mild headache, slight nuchal rigidity
2	Moderate to severe headache, nuchal rigidity, no neurologic deficit other than cranial nerve palsy
3	Drowsiness/confusion, mild focal neurologic deficit
4	Stupor, moderate-severe hemiparesis
5	Coma, decerebrate posturing

Intracerebral Hemorrhage – ICH Score

The ICH score grades ICH severity and subsequent 30-day mortality, thus helping to guide goals of care conversations with patients' families. The score allows for a standardized and consistent clinical grading scale for ICH, thus improving communication among clinicians.

Feature	Finding	Points	ICH Score	30 day Mortality		
GCS	3-4	2	0	0%		
	5-12	1				
	13-15	0				
Age	>=80	1			1	13%
	<80	0			2	26%
Location	Infratentorial	1			3	72%
	Supratentorial	0	4	97%		
ICH Volume	>-30cc	1	5	100%		
	<30cc	0				
Intraventricular Blood	Yes	1				
	No	0				
ICH Score		0-6 points			6	100%

The Los Angeles Motor Scale

<p>Los Angeles Motor Scale (LAMS)</p> <p>Score ≥ 4 Sensitivity 81% Specificity 89%</p>	Facial Droop	
	Absent	0
	Present	1
	Arm Drift	
	Absent	0
	Drifts Down	1
	Falls Rapidly	2
	Grip Strength	
	Normal	0
	Weak	1
No Grip	2	
Total		

**A score of ≥ 4
is "positive" for a
Large Vessel Occlusion
Stroke.**