

# Regional Stroke Transfer Checklist



Patient full name \_\_\_\_\_ DOB \_\_\_\_\_

Stroke: when to consider a transfer  HOB up 30°

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

### 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)

Modified Rankin Score (mRS) (premorbid function)	
Y	N
Live alone x 1 week	
Y	N
Walk unassisted	

### 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	6	100%		
Intraventricular Blood	Yes	1				
	No	0				
ICH Score		0-6 points				

## The Los Angeles Motor Scale

<p>Los Angeles Motor Scale (LAMS)</p> <p>Score <math>\geq 4</math></p> <p>Sensitivity 81%</p> <p>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  $\geq 4$  is "positive" for a Large Vessel Occlusion Stroke.