

SIMCOE ACUTE STROKE TRANSFER PROTOCOL

Patient has at least one stroke sign:

- Sudden facial droop
- Sudden one-sided arm and/or leg weakness
- Sudden trouble speaking (slurred, incomprehensible, or mute)
- Sudden visual changes (blurred/double)
- Sudden loss of balance
- Sudden severe headache - no known cause

Proceed to **A** or **B** based on time since stroke symptom onset

A. STROKE SYMPTOM ONSET 0 - 4 HOURS

Step 1: Maintain ambulance availability until decision made, if possible.

Step 2: Call RVH at 705-728-9802. Request **Acute Stroke Physician**. Provide:

- patient name/OHIP#/DOB
- hospital & physician name, contact number

Step 3: Report NIHSS, vital signs, blood sugar, health history.

If accepted, arrange ambulance transfer. Advise that patient fits "Acute Stroke Protocol".

Step 4: Never delay transfer. If time permits, initiate saline lock (minimum 20g above hand), draw blood work, ECG.

Step 5: Transfer to RVH.

Step 6: Fax relevant info to RVH at 705-719-4929. Call RVH ED when patient departs.

STROKE PROTOCOL

B. STROKE SYMPTOM ONSET 4 - 24

Step 1: Nurse complete step 1 & 2 of ACT-FAST. Notify Physician of result.

- Right arm weak - assess CHAT (speech)
- Left arm weak - assess TAP (gaze preference)

Step 2: Physician complete:

- ACT-FAST step 3: EVT eligibility criteria Neuro Assessment (NIHSS)

Step 3: If ACT-FAST positive (or negative but clinically appropriate), proceed to STAT imaging (Target: door-to-CT <15 minutes)

Step 4: Complete "Patient Information & Medication" section on Stroke EVT Transfer Communication Form.

Step 5: Start EVT order set.

Step 6: Physician contact CritiCall & request **Stroke Endovascular Team.**

If accepted, discuss medical escort needs with consulting physician. CritiCall will facilitate Life or Limb transfer. Note: Land transfer preferred.

Step 7: Offer "Stroke Information for Patients and Families" EVT brochure.

Step 8: Complete EVT order set & EVT Transfer Communication Form. Fax completed form to EVT site & send with patient.

Step 9: If clinically unstable patient must be accompanied by appropriate staff as per ordering physician. (Target: door-in-door-out <45 minutes).