STROKE Endovascular Treatment Transfer Communication Form

Place patient label here

All patients who are eligible for Endovascular Treatment MUST have the Transfer Communication Form completed by the referring site prior to transfer and placed on top of patient's copied chart.

****DO NOT DELAY TRANSPORT ****

Patient Information (Complete prior to contacting CritiCall)	
Allergies:	
Isolation Precautions:	**COVID-19:** Screening status: Testing status:
Date and Time Last Seen Well: ____/____/____ ***(dd/mm/yy)***	____:____ ***(hh:mm)***
Deficit and Severity (describe visual, speech, motor deficits):	
NIHSS:	

Medications (Complete prior to contacting CritiCall)

☐ Antiplatelet Agents (e.g. EC ASA, Clopidogrel)

☐ Anticoagulation Agents (e.g. Dabigatran, Rivaroxaban, Apixaban, Edoxaban, Warfarin) _____

Thrombolysis delivery site ☐ Yes ☐ No

Alteplase administered ☐ Yes *(dd/mm/yy)* ___/____/____ *(hh:mm)* ____:____

☐ No, reason, (e.g. recent head injury, outside treatment window) _____

EVT Stroke Centre	**EVT Stroke Centre Physician**	**Date of Referral:** (dd/mm/yy)
SHSC SMH TWH		
Referring Centre Name	**Referring Physician**	**Referring Physician Contact #**

Referring Centre - Prior to departure please check off each section as is completed:

OHIP number:

Family Contact Name and Number:

☐ Remove patient's clothing and change into a gown (if time allows)

☐ Photocopy/Print/Fax/Send entire chart to EVT Stroke Centre, including:

☐ Diagnostic Investigations ☐ Consultation Note ☐ Nursing Notes/ CNS

☐ Labs ☐ List of Medications ☐ Pre-printed orders

(note: CT imaging is shared through ENITS, CD copy is not required)

☐ Pre-Notify EVT Stroke Centre, include: Name/ Sex/ DOB/ HCN/ Time patient leaving referring centre

☐ Provide EVT Brochure pamphlet to family or substitute decision maker

EVT Centre Contact Information:		
Sunnybrook Health Sciences Centre (SHSC)	**P: 416-480-6100 x88093**	**F: 416-480-6846**
St. Michaels Hospital (SMH)	**P: 416-864-6060 x45634 or 49255**	**F: 416-964-5138**
Toronto Western Hospital (TWH)	**P: 416-603-5190**	**F: 416-603-5288**

Note: The above EVT Transfer Communication form **MUST** be completed in its entirety prior to transfer.