



# 4-24hr EVT Transfer Case Review

Case #

This worksheet is to support data collection on all stroke patients within the 4-24hr window who are assessed for possible EVT. Please complete on **ALL** activations.

Please complete within 48 hours of the activation when feasible. **\*\*Bolded fields are required for regional data collection**

**Hospital:** \_\_\_\_\_

Date of Arrival to ED: \_\_\_\_\_ (dd/mon/yr)

Arrival to ED:  EMS  Walk-In  In-House

**Triage Time:** \_\_\_\_\_ (24hr clock)

IV initiated:  EMS or  ED (local tracking only)

Triaged eCTAS 2:  Yes  No (local tracking only)

Last Seen Normal/Stroke Symptom onset: Date: \_\_\_\_\_ (dd/mon/yr) Time: \_\_\_\_\_ (24hr clock)

**ACT-FAST Documented:**  Yes  No

**# ACT FAST documented**

**NIHSS (full assessment documented by ED Physician)**  Yes  No

**# NIHSS documented**

NIHSS score: \_\_\_\_\_ (local tracking only)

Imaging ordered STAT:  Yes  No (local tracking only)

**CT Time of first slice:** \_\_\_\_\_ (24hr clock)

**Door to CT/mCTA target <15 min** (Triage time to time of CT first slice)

**CritiCall Time Paged:** \_\_\_\_\_

**Triage Time to CritiCall paged**

CritiCall MD Response Time: \_\_\_\_\_ (Cross reference time with EVT report by DSCs)

EVT Site Time Accepted: \_\_\_\_\_

**IF any delays with CritiCall note reason here:** \_\_\_\_\_

**EVT Site:** \_\_\_\_\_

Ground:  Local – Crew: \_\_\_\_\_ Ornge Land / Air

**Door Out Time:** \_\_\_\_\_

**DIDO: Triage time to departed ED time target ≤ 45 min**

EVT Order Set utilized:  Yes  No  Info not available Transfer Communication Form used:  Yes  No  Info not available

**Submit completed form to:** Alysia English, District Stroke Coordinator HKPR [aenglish@prhc.on.ca](mailto:aenglish@prhc.on.ca)