



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: Donelda Sooley, Regional Director sooleyd@rvh.on.ca & Dorothy Burr ridge, Regional Education Coordinator burr ridge@rvh.on.ca