

**Emergency Department: Walk-in Code STROKE
Assessment and/or Transfer Record**

Most responsible RN to complete this form in full
Send form with patient along with copy of the patient chart.

DATE	TIME	RN INITIALS
<input type="checkbox"/> Time of arrival in ED		
<input type="checkbox"/> Time of stroke onset/last seen normal (Patient may qualify if: <ul style="list-style-type: none"> • unilateral arm/leg weakness or drift or slurred speech or inappropriate words or mute and is within 4.5 hrs of symptom onset or when "last seen in usual state of health") • <i>Note: If symptoms are mild, or there are other questions/concerns about the possible indication for patient transfer to the RSC, STAT page the RSC Stroke Neurologist on call to discuss the patient's case.</i> 		
<input type="checkbox"/> Time first seen by ED physician (notify ED MD ASAP of patient)		
<input type="checkbox"/> Time Code STROKE confirmed by physician (MD pages Stroke Neurologist/Stroke Team on call STAT)		
<input type="checkbox"/> Ward Clerk/ED RN to call EMS at (416) 489-2111, do not use EMS line: Indicate "Emergency Transfer Code Stroke Patient" either "Code Stroke Stable" or "Code Stroke Unstable (vented, inotropes or post cardiac arrest)" Ref # _____		
<input type="checkbox"/> ED Walk-in Code STROKE Record copied & left in patient's chart		
<input type="checkbox"/> Time patient left ED for Regional Stroke Centre		

<input type="checkbox"/> Large bore IV line: ↑16G ↑18G ↑20G ↑22G (circle) ↑ <input type="checkbox"/> L ↑ <input type="checkbox"/> R		
Blood work: Phone and fax Charge RN at Regional Stroke Centre ED, with blood results if not available at time of transfer.		
<input type="checkbox"/> INR		
<input type="checkbox"/> CBC		
<input type="checkbox"/> Glucose		
<input type="checkbox"/> Creatinine		
<input type="checkbox"/> Electrolytes		
<input type="checkbox"/> Allergies: ↑No ↑Yes (circle, if yes list below)		

RAPID TRANSFER TO REGIONAL STROKE PROGRAM

Additional Comments:

Date Print RN Name RN Signature and Designation Initials

Date Print MD Name MD Signature and Designation

Regional Stroke Centre ED Phone/FAX Numbers for Pre-notification and Blood Results		
Sunnybrook	P: 416-480-6100 x88093	F: 416-480-6846
St Michael's	P: 416-864-6060 x 2820	F: 416-864-5138
UHN-TWH	P: 416-603-5190	F: 416-603-5288