

Medical Redirect and Repatriation Acute Stroke MOU¹ RSC Stroke Repatriation Communication for Receiving Hospital²

Sending Regional Stroke Centre: ☐ SMH	☐ SHSC	☐ TWH
Patient Location: Emergency Department	☐ Inpati	ient Ward
Reason for Repatriation:		
☐ The patient is being repatriated to because the patient was considered to be an ineligible candidate for rt-PA or an interventional procedure and therefore the patient is most appropriately medically cared for at/near their home hospital.		
☐ The patient was initially admitted for acute repatriation back to bypassed or home hospital.	e stroke tı	reatment/investigations and is now deemed ready for
Notification of Receiving Hospital:		Date/Time:
☐ Accepting Physician Notified (inpatient repat	riations)	
□ Repatriation initiated		
☐ Bed coordinator notified (if applicable)		
□ EMS notified		
☐ Hospital unit notified (if applicable)		
□ Nursing Report: Sending RN:		Receiving RN:
Documentation/Information Provided:		If applicable:
□ Transfer plan outlining plan of care		□ Discharge Summary
□ Neuro Imaging:		□ Inpatient Chart
□ Vascular Imaging:		
☐ Stroke (Neurology) Consultation Notes		
□ ED Chart Copy		☐ Tor-BSST: PassFail
□ ECG		☐ SPC Follow up
□ Labs		Instructions:
☐ List of Current Medications		
Sending Staff Physician (print)		Tel #:(MD/Inpatient unit)
Sending NP (print if applicable)		Tel #:
Receiving Staff Physician (print)		
Date of Transfer:		

'This agreement has been authorized under the memorandum of understanding signed by the MOHLTC, Regional Stroke Centers (GTA), Community hospitals and Toronto EMS (policy number 03.06.38). 'The 'Home Hospital' is defined as the Stroke Unit Hospital serving the community where the patient resides (based on postal code) or the facility where the patient's most responsible physician has admitting privileges when there are active medical issues and in the patients best interest.





