

Telestroke Referral Worksheet

Step 1: Selection Criteria

- ☐ Patient is ≥ 18 years of age
- ☐ Patient is presenting with **sudden onset of focal neurological deficits** suggestive of acute stroke
- ☐ Neurological deficits are persistent and considered potentially disabling
- ☐ No severe pre-stroke disability or considered in palliative end-of-life care
- ☐ The patient was last known to be well ≤ 24 hours ago

If your patient does not meet the criteria above, please do not call CritiCall for a Telestroke consultation. For non-hyperacute stroke concerns, follow local/regional processes to access on-call neurology support.

If the patient is < 18 years old, contact CritiCall Ontario and request a pediatric neurology consult.

Step 2: Send patient for CT/CTA

Please order a stat “Code Stroke CT/CTA”

- ☐ This is your hospital’s acute stroke CT protocol based on the OH document - [Acute Stroke Imaging Protocol for Endovascular Treatment](#)

STEP 3: CALL CRITICALL ONTARIO EARLY. DON’T WAIT!

Call CritiCall Ontario and request a Telestroke Consult **as soon as the patient is in the scanner for their CT/CTA**

Step 4: Have key available patient information available

Missing information should never delay your call *as some information may be unavailable or clarified during assessment*

Patient Demographics	
Age / Sex	
Key Assessment Findings	
Last Known Well	
Antiplatelet Agent	☐ Yes: ☐ ASA ☐ Clopidogrel ☐ Ticagrelor ☐ Other

Anticoagulant Agent	☐ Yes: ☐ DOAC ☐ Warfarin ☐ LMWH ☐ IV Heparin ☐ Other _____
Deficits	☐ Visual ☐ Speech ☐ Motor Description of Deficit: _____
NIHSS (if known)	_____
Blood Pressure	_____ / _____ mmHg
Heart Rate	_____ /min rhythm _____
Atrial Fibrillation on ECG	☐ Yes ☐ No ☐ Unknown
Patient History	
Recent Surgery/Trauma, Biopsy	☐ Surgery ☐ Trauma ☐ Biopsy ☐ Not applicable
Prior Stroke	☐ Yes When? _____ Ischemic vs Hemorrhagic ☐ No ☐ Unknown
History of Atrial Fibrillation	☐ Yes ☐ No ☐ Unknown
History of Bleeding	☐ Yes Site? _____ When? _____ ☐ No

Step 5: Administrative Information

Referring physician's OHIP Billing Number: _____