otn.telestroke®

Telestroke Referral Worksheet

General Questions

1. Does this patient have a presumed acute ischemic stroke and would potentially benefit from thrombolytic therapy or endovascular therapy (EVT)? (see selection criteria below)

2. Has the patient been sent for a CT Head / CT Angiogram?

3. What information will I need to provide to the Telestroke Consultant? (see below)

Selection Criteria

1	Patient is presenting with a sudden onset of focal neurological deficits suggestive of an acute stroke	☐
2	The patient does <u>NOT</u> have <u>severe</u> pre-stroke impairments, co-morbidities, or is not already palliative (e.g. metastatic cancer) *(Patients who are bed bound or have severe cognitive impairment to degree that they cannot communicate or recognize family members are not candidates)*	☐
3	Patient has a significant <u>persisting</u> neurological deficit. *(Patients with very mild deficits – e.g. isolated facial droop, isolated sensory loss, isolated dizziness, minimal hand clumsiness, are not candidates.)*	☐
4	The patient's symptoms onset or when they were last known to be well is ≤ 6 hours. *Selected patients between 6 – 12 hours could be considered it the CTA shows a Large Vessel Occlusion responsible for the patient's stroke.*	☐
5.	The CT (if completed and reviewed) shows no evidence of acute intracranial hemorrhage	☐

Patient Information Required

Age / Sex	Times: ED arrival ___/ ___ Last Seen Well: ___ / ___	
History of Bleeding ☐	Recent surgery / trauma, biopsy ☐	Prior Stroke ☐ History of AF ☐
Medications:		Antiplatelet Agent ☐ Warfarin ☐ NOAC ☐
EXAMINATION	BP _____/_____ HR ___	AF on ECG ☐
Deficits and severity: describe visual, speech, motor deficits (completed NIHSS not required)		NIHSS ____ (if known)
Referring physician's OHIP Billing Number: _____		

If your patient does not meet the selection criteria above please do not call CritiCall for a Telestroke Consultation. Consult your local neurologist or medical specialist for advice.