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 your local process to contact the on-call neurology team. If this is not available at your site, please contact your Regional Stroke Centre to request a neurology consult.

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 (assigned at birth)	☐ Male ☐ Female
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 Fibrilation 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 Fibrilation	• Yes • No • Unknown
History of Bleeding	• Yes Site? _____ When? _____ • No

Step 4: Administrative Information

Referring physician's OHIP Billing Number: _____