

Regional Stroke Transfer Monitoring Tool – TSA L & M

	Pre-Transfer											Post-Transfer	Transfer Facility Information
Time:													Date: _____
Initials:													Transfer Facility: _____
GCS and Pupil Assessment													Receiving Facility: _____
Eye Opening													Time of last known well/seen normal: _____
Verbal													
Motor													NIHSS @ transfer: _____
Left Pupil (size/reaction)													For alteplase transfers: Alteplase started at _____ Alteplase infusing at time of transfer? YES NO If not infusing at time of transfer, time infusion completed? _____ <i>**PLEASE send 50 ml 0.9% NS flush bag to flush alteplase line with, if infusion will complete during transport**</i>
Right Pupil (size/reaction)													
New onset H/A	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	
Vitals Signs													Maintain Blood Pressure per Blood Pressure Guidelines Has BP med been administered? YES NO • If YES: Medication & dose: _____ Time given: _____
Heart Rate													
Respirations													
BP													

Glasgow Coma Scale	Pupil Assessment
Eye Opening 4 = Spontaneous 3 = To speech 2 = To pain 1 = None	Reaction B = Reactive/Brisk S = Reactive/Sluggish NR = Non-reactive
Verbal 5 = Oriented 4 = Confused 3 = Inappropriate words 2 = Moans 1 = None T = intubated	New onset headache (H/A) Yes No
Motor 6 = Follows Commands 5 = Localizes 4 = Withdraws 3 = Decorticate 2 = Decerebrate 1 = Flaccid	

PHYSICIAN ORDERS

Print Physician Name: _____

Physician Signature: _____

RN Print Name: _____ RN Signature: _____

Patient label

EMS Paramedic Print Name: _____ EMS Agency Name: _____