



*A member of Mercy Health Network*

## Stroke Transport Information Sheet

**Time of Onset or time last seen normal:** \_\_\_\_\_

**Glucose Level:** \_\_\_\_\_

**Vital Signs:** \_\_\_\_\_

**Weight and height:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**BP treatment:** \_\_\_\_\_

**Pre-Hospital Cincinnati Stroke Scale or NIHSS if available:** \_\_\_\_\_

**Medication History; Is patient taking Coumadin or Lovenox?** \_\_\_\_\_

**Any recent history of trauma:** \_\_\_\_\_

**Other pertinent medical history:** \_\_\_\_\_

**CT scan done and results:** \_\_\_\_\_

**IV Fluids:** \_\_\_\_\_

**Oxygen:** \_\_\_\_\_

**t-PA inclusion/exclusion criteria reviewed:** \_\_\_\_\_

**t-PA administration prior to transport:** \_\_\_\_\_

**Transport time/ETA:** \_\_\_\_\_