



## Stroke Transport Information Sheet

Time of onset or time last seen normal: \_\_\_\_\_

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

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

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

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

BP Treatment: \_\_\_\_\_

MEND Exam or NIHSS if available: \_\_\_\_\_

Medication History; Is patient taking Anti-Coagulation: \_\_\_\_\_

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

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

CT Scan done and results: \_\_\_\_\_

IV Fluids; Normal Saline: \_\_\_\_\_

Oxygen; If O<sub>2</sub> sats < 94%: \_\_\_\_\_

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

t-PA administration prior to transport and time: \_\_\_\_\_

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