Kaleida Health

DOWNTIME ☐ Entered into electronic record after downtime

date _____ time _____

initials _____

NEUROSCIENCE EMERGENCY DEPARTMENT (ED) TRANSFER PROCEDURE

Patient Name

Date of Birth | Admission/Visit Date | Site

Medical Record Number | Financial Number

Patient ID Area

1. Transferring physician calls Kaleida Health Transfer Center to arrange patient transfer.
   Transfer Center RN: 859-7173
   ↓
2. Transfer Center RN initiates 3-way call with ED physician at sending facility, ED physician at BGMC/GVI, and transfer center.
   ↓
3. Transferring physician to provide report. Accepting physician is GVI/ED attending physician (Primary Option).
   ↓
4. Patient is on their way.
   ↓
5. Transferring facility RN to contact the BGMC/GVI **ED Charge RN at 748-2601** and provide report.

Kaleida Health Emergency Department – Inter-facility ED Stroke Transfer Report

Information required when a stroke patient is transferred to BGMC/GVI, please print and send with patient.

Sending Facility _____

Patient Name _____ Date of Birth _____

Family Contact Name _____

Family Cell # (instruct family to listen for call) _____

Arrival Time _____ **Departure Time** _____

Last Known Well – actual Date _____ Time _____

Discovery Time – actual Date _____ Time _____

Cincinnati Pre-Hospital Stroke Scale Score (0-3) _____

Symptoms _____

T _____ P _____ RR _____ BP _____ SpO2 _____ Allergies _____

Glucose Level _____

Anticoagulation Medications _____

Last Dose: Date _____ Time _____

NIHSS when patient arrived at transferring facility _____

NIHSS when patient leaving transferring facility _____

TPA administered: ☐ NO ☐ YES – **print EMS Post IV alteplase Inter-facility Transfer Guidelines and give to EMS transfer team.**

Bolus Dose _____ Time _____

Infusion Dose _____ Time Started _____ Time Ended _____

Normal Saline Flush: Time Started _____ Time Ended _____

Physician Signature _____ Date _____ Time _____

Physician Print Name _____ Contact Number _____