

Details (Please fill in ALL of this section!!)

Please fill in and return form within 48 hours of date of referral

Consultant Neurologist _____
 Date of referral _____ am
 Time you were first paged _____ pm
 Pt initials (First Last e.g AB) _____ PIN _____
 Ambulance Service _____

Referral source

Patient came from

Location (City/Hospital)

EMS direct	<input type="checkbox"/>		Home	<input type="checkbox"/>	
ER MD @ LHSC	<input type="checkbox"/>		Other hospital	<input type="checkbox"/>	
ER MD Other	<input type="checkbox"/>	Describe <input type="text"/>	Nursing home	<input type="checkbox"/>	
Other	<input type="checkbox"/>	Describe <input type="text"/>	Other	<input type="checkbox"/>	

A Appropriate stroke protocol referral

Based on information that EMS or referring doc had
 i.e. Could be a stroke, no immediately obvious exclusion criteria

Reasonable referral even though tPA not considered, CT no obvious exclusion criteria, time window appropriate

Comments:

B Inappropriate stroke protocol referral (could still be appropriate referral for neurology)

Obvious exclusion or lack of inclusion (keep in mind decisions are made by non-MD (EMS) at scene)
 For patients referred by EMS, do not mark as inappropriate those patients where imaging showed contraindication (i.e. this would not have been known to EMS)

Check as many as apply (please provide brief comments, especially for those marked with *)

- * Clearly not stroke
- * Clearly out of time window with well defined 'last seen well' onset of > 4.5 hours
- Time of onset (last seen well) not known
- Obvious seizure
- Pediatric (less than 16)
- Nothing focal (drug or alcohol)
- * Unstable or comatose patient (GCS < 10; unstable airway, breathing or circulation)
- * For referrals from ER docs, obvious contraindication on imaging available to them (hemorrhage, tumor etc.) OR on other investigations (high INR, low platelets etc.)
- * Terminally ill or palliative patient
- SEVERE dementia (NB this is NOT listed as contraindication on EMS PROMPT card)
- * Contraindication & info known to referring source (EMS or MD)
- No neurological deficit
- * Other (describe below)

Comments - why you rated this as inappropriate so feedback can be provided to EMS, ER etc.

Describe:

