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| **NBT Stroke Thrombectomy Referral Form** |
| **NBT Receiving Consultant** | **Date and Time** |
| **Patient Details**NameAgeDOBNHS Number | **Referrers Details**Consultant NameHospitalTelephone for immediate contactTelephone and name for repatriationE-mail |
| **History**NIHSS Thrombolysed – Y/N Aspirin 300mg – Y/N | **Past Medical History/Drug History and Allergies** |
| **Imaging** CT and CTA – Y/N |
| **Premorbid Performance Status**mRS Rockwood Frailty Score |
| **ABCDE Assessment** |
| Airway | Safe for transfer without anaesthetic support – Y/N |
| Breathing | RR SpO2 FiO2 O2 delivery – NS/FM/ NRB  |
| Circulation | HR SBP Labetolol Nitrates ECG |
| Disability | \*GCS \_/15 BM\*If GCS </=8 have anaesthetists reviewed the airway – Y/N |
| Exposure | Anything else we should be aware of? |
| **Neuroradiologist Discussion** |
| Name – Time: Outcome – accept/reject |
| Time Decision Communicated to Referrer: **Save completed form in folder N:\Stroke Team\THROMBECTOMY REFERRALS** |