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| **NBT Stroke Thrombectomy Referral Form** |
| **Covid-19 status and Rockwood Frailty score MUST be documented in all cases.****Please refer to StrokeThrombectomy Covid-19 document: currently in development, will be available on stroke intranet shortly.** |
| **NBT Receiving Consultant** | **Date and Time** |
| **Patient Details**NameDOBNHS Number | **Referrers Details**Consultant NameHospitalPhone for immediate contact: |
| **History**NIHSS Thrombolysed – Y/N Aspirin 300mg – Y/N | **Past Medical History/Drug History and Allergies** |
| **Covid-19 status (answer all questions):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Recent fever (last 7 days) | Y / N |  |  | Y / N |
| Current cough | Y / N |  |  | Y / N |
| Self-isolating at home | Y / N |  |  | Y / N |
| Awaiting result of C-19 testing | Y / N |  |  | Y / N |

**Inform INR and anaesthetics before arrival if “Yes” to any of these questions.** |
| **Imaging** (including findings)CT and CTA\*:Other: \**minimum for acceptance of referral* |
| **Premorbid Performance Status****Rockwood Frailty Score:**mRS:  |
| **ABCDE Assessment** |
| Airway | Safe for transfer without anaesthetic support – Yes / No |
| Breathing | RR SpO2 FiO2 O2 delivery – NS/FM/ NRB**If any of the following apply, patients should not be transferred:****SpO2 <94% without risk factors or Sp02 <90% with risk factors e.g. COPD****NEWS2 score > 3** |
| 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/declineTime Decision Communicated to Referrer: If declined, rationale for decision: |
| **Save completed form in folder: N:\Stroke Team\Thrombectomy\THROMBECTOMY REFERRALS** |