



EMS Interfacility Ground Transport Protocol for Patients
During or After IV Thrombolytic Administration for Acute Ischemic Stroke
Vital Sign and Neuro Check Flowsheet
Minimum of Every 15 Minutes

SENDING FACILITY: _____

RECEIVING FACILITY: _____

EMS AGENCY: _____

Sending Facility NIHSS on arrival: _____

Sending Facility: Arrival HR: _____ Arrival B/P: _____

Sending Facility: V/S prior to transfer: HR: _____ B/P: _____ NIHSS: _____

Patient Label

DATE:	TIME	HEART RATE	BLOOD PRESSURE	NEURO check FAST-ED	NEURO CHECK Other
EMS FMC:					
5 mins					
10 mins					
15 mins					
20 mins					
25 mins					
30 mins					
35 mins					
40 mins					
45 mins					
50 mins					
55 mins					
60 mins					
65 mins					
70 mins					
75 mins					
80 mins					
85 mins					
90 mins					
HAND OFF					
Thrombolytic Start:				Change/No:	Same
Thrombolytic End:				Change/Yes:	Declined
				Change/Yes:	Improved

NOTES: _____

Date: _____ Time: _____

EMS Signature: _____

Receiving Facility: _____