Referral Hospital Neuro Transfer Algorithm

SPOKE Request for Definite Transfer

In order to Decide Whether Patient
Stays at Spoke or Requires Transfer,
Erlanger Neurologist Phone or
Telemedicine Consultation is Performed

ICH: For SAH, SDH, Epidural or cerebellar IPH, neurosurgery must accept.

If other IPH and patient intubated or comatose call neurology. Other IPH patients can be auto-accepted

Spoke MD Requests Emergent Neurologist Phone or Telemedicine Consult Yes Auto-accept Stat Phone Call to Erlanger Neurology or Telemedicine

Yes

TYPICAL CONSULT REQUEST CONSIDERATIONS:

- Neuro input regarding giving IV t-PA
- Referring facility needs to clarify whether patient's condition warrants transfer

INFORMATION REQUESTED FROM OUTSIDE HOSPITAL:

- Age
- Baseline Neuro Functioning (MRS)
- Last know well time witnessed?
- Family name and contact information (cell phones)
- Neurologic and General Exam
- Current NIHSS score
- CT results
- · Use of anticoagulant medication

IF IV t-PA ADMINISTERED AT OUTSIDE HOSPITAL:

- Dose and infusion start time
- Other meds\drips delivered

WE REQUEST THAT REFERRING PHYSICIANS PROMOTE
A REALISTIC EXPECTIATION S TO PATIENTS AND
FAMILIES ABOUT THEIR OUTCOME AFTER TRANSFER

Transfer Patient to Erlanger

If s/p t-PA or candidate for MT or clinical trial, admit to ED.
Otherwise, consider straight admit to Floor vs ICU (must be approved by Neurology)

- Erlanger has an auto accept policy for stroke and never declines.
- May "stage" non-emergent transfers.
- Coordinate consultations between Erlanger neurologist and Telemedicine services
- Try to clarify if patient's condition is terminal at outside hospital. If so, encourage not to transfer.