

ODEMSA Stroke Post-IV Alteplase EMS Transfer Check Sheet

Note: Patient will be transported with minimum of paramedic-level care

All questions regarding patient care must be referred to the receiving physician

Receiving Hospital: _____

Physician: _____

Phone Number: _____

Contact Number for family: _____

Prior to Departure – to be completed together by ED staff and transferring paramedic

- Verify SBP < 180; DBP < 105 – sending hospital must stabilize if above limit
- Perform and document neurological exam to establish baseline neurological status
- If Alteplase to continue during transport, complete “Alteplase Dosing and Administration Communication Form” on back of this sheet
- If IV pump tubing is not compatible with transport pump:
 - o Add extension tubing with a cartridge adaptable to transport pump, if available OR
 - o Hold patient in ED until Alteplase infusion is completed

During Transport

- Replace Alteplase bottle with 0.9% NS when bottle is empty and before pump alarms “air in line” or “no flow above”
- Continue infusion at current settings until preset volume is completed
- Continuous cardiac monitoring
 - o Call receiving physician if hemodynamically unstable or symptomatic from tachycardia or bradycardia
- Continuous pulse oximetry monitoring
 - o Apply oxygen to maintain O2 sat > 94%
- Maintain NPO including medications
- Perform and record neuro checks every 15 mins
 - o Cincinnati Pre-Hospital Scale
 - o GCS and pupil exam
 - o Include assessment for changes in initial or current symptoms or onset of new stroke-like symptoms
- Monitor and document vital signs every 15 mins on **opposite arm from Alteplase infusion site**
- Maintain head of bed 30 degrees

- Avoid venipuncture or other invasive procedures unless absolutely necessary after Alteplase start due to risk of bleeding

Blood Pressure Management

- Keep SBP < 180 and DBP < 105
 - o Turn off pump and call receiving physician for further instructions
 - o IV Labetalol (10 mg) (*provided by hospital*) Increase by 2mg/min every 10 mins (to a max of 8mg/min) until SBP < 180 and/or DBP < 105
 - o IV Nicardipine (0.1 mg/mL) infusion (*provided by hospital*) Increase dose by 2.5mg/hr every 5 mins (to max of 15mg/hr) until SBP < 180 and DBP < 105

Complication Management

- Monitor for acute worsening of neurological condition or severe headache, acute hypertension, nausea, or vomiting
 - o Stop Alteplase infusion if still being administered
 - o Call receiving physician for further instructions and to update receiving hospital
 - o Continue to monitor vital signs and perform neurological exam every 15 mins
- Monitor for signs of allergic reaction: mouth or throat edema, difficulty breathing, etc
 - o Stop Alteplase infusion if still being administered
 - o Treat allergic reaction according to agency protocol
 - o Notify receiving hospital
- Monitor for other bleeding or hematomas at infusion/puncture sites or in urine or emesis
 - o Apply direct pressure to any sites
 - o Notify receiving hospital

Additional Instructions

NOTE: Leave copy of MIVT or ePCR, EKG strips, and serial vital signs/neuro checks with RN at receiving hospital

Transferring Physician Signature

Date/Time

Patient Sticker – sending hospital

Patient Sticker – receiving hospital

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Alteplase Dosing and Administration Communication Form

- This page is to be completed by transferring RN and EMS Transport team
- Verify/confirm the following dosing and pump settings prior to departure:

	ED RN Initials	EMS Transport Initials	
Total Alteplase dose to be given: _____mg			
Excess Alteplase discarded before hanging on pump: _____mg Amount remaining at time of transport: _____mL			
Bolus dose: _____mg Time given: _____			
Continuous Infusion:			
• Dose: _____mg Time started: _____			
• Rate: _____mg/hr Estimated time of completion: _____			
Actual stopped/completed time: _____			
Stopped early due to: _____			
Total amount Alteplase received: _____mg EMS administered _____mL in transport **Switch to bag of 0.9% NS at _____ (recommended: same as Alteplase rate) after Alteplase is finished**			
Signature/Title	Initials	Signature/Title	Initials

***EMS Transport Team to hand off this completed medical record
to RN at receiving hospital***

Patient Sticker – sending hospital

Patient Sticker – receiving hospital

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Reference: AHA Guidelines for the Management of the Ischemic Stroke Patient, January 2013