

ODEMSA Stroke Post-IV Alteplase EMS Transfer Check Sheet

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

Appendix C

Stroke Steering Committee

The policies and procedures of the plan will be developed and managed by the ODEMSA Stroke Steering Committee. The committee will involve area experts within all phases of care and/or create work groups to develop and foster the regional stroke system.

The Stroke Steering Committee will be comprised of:

1. Chair(s)
2. Representatives from each health system with facilities in the ODEMSA region
 - a. Bon Secours Health System (BSHSI)
 - b. Centra Health (Centra)
 - c. Community Health System (CHS)
 - d. Hospital Corporation of America (HCA)
 - e. Virginia Commonwealth University Health Systems (VCU)
 - f. Representative from non-stroke designated hospital, such as, but not limited to,
 1. Sentara Halifax Regional Health System
 2. Hunter Holmes McGuire Veterans Affairs Medical Center
3. Non-voting representatives from primary stroke centers and non-stroke designated hospitals
4. EMS operational medical director
5. HEMS agency
6. Fire based EMS agency
7. Career EMS agency
8. Volunteer EMS agency
9. Emergency Communications/Public Safety Answering Point (PSAP)

Quorum is defined as 7 members excluding the Chair(s). All decisions voted on by the group must pass with simple majority approval by all voting members.

Stroke Triage Quality Monitoring

A workgroup will develop stroke triage quality measures and report back to the committee.

Appendix D

FAST and VAN Stroke Scales

All patients suspected of having an acute stroke should undergo a formal screening algorithm such as the BE FAST and VAN scale. Use of stroke algorithms has been shown to improve identification of acute strokes by EMS providers up to as much as 30 percent. The results of the BE FAST and VAN scale should be noted on the pre-hospital medical record. ANY abnormal (positive) finding which is suspected, or known, to be acute in onset is considered an indicator of potential acute stroke.

B- (balance)	<p>BALANCE: Ask about patient's ability to walk and recent fall history.</p> <ul style="list-style-type: none"> • Normal: No changes in patient's ability to walk. • Abnormal: Sudden difficulty walking, sudden dizziness, or a recent history of frequent falls.
E- (eyes)	<p>EYES: Ask about patient's vision and check pupils.</p> <ul style="list-style-type: none"> • Normal: No sudden vision changes. • Abnormal: Sudden vision change or loss in one or both eyes.
F- (face)	<p>FACIAL DROOP: Have patient smile or show teeth. (Look for asymmetry)</p> <ul style="list-style-type: none"> • Normal: Both sides of the face move equally or not at all. • Abnormal: One side of the patient's face droops.
A- (arm)	<p>MOTOR WEAKNESS: Arm drift (close eyes, extend arms, palms up)</p> <ul style="list-style-type: none"> • Normal: Remain extended equally, drifts equally, or does not move at all. • Abnormal: One arm drifts down when compared with the other.
S- (speech)	<p>"YOU CAN'T TEACH AN OLD DOG NEW TRICKS": (repeat phrase)</p> <ul style="list-style-type: none"> • Normal: Phrase is repeated clearly and correctly. • Abnormal: Words are slurred (dysarthria) or abnormal (aphasia) or none.
T- (time)	<p>TIME OF SYMPTOM ONSET:</p> <ul style="list-style-type: none"> • The time the patient was last known at baseline is critical in the triage process.
V – (visual)	<p>VISUAL: Ask patient to look left, right, up and down</p> <ul style="list-style-type: none"> • Normal: No changes in vision • Abnormal: Field cut (which side) (4 quadrants), Double vision, Blind new onset
A – (aphasia)	<p>APHASIA: Can the patient understand and speak coherently</p> <ul style="list-style-type: none"> • Normal: patient can understand language • Abnormal: inability to speak or periphrastic errors, unreceptive (not understanding or following commands such as close eyes, make fist)
N – (neglect)	<p>NEGLECT: Is the patient forcibly gazing to the right or left and not acknowledging the other side</p> <ul style="list-style-type: none"> • Normal: Able to maintain vision fields • Abnormal: Forced gaze or inability to track to one side, unable to feel both sides at the same time, or unable to identify own arm, Ignoring one side

* If the patient has weakness and any other positive finding among the vision, aphasia, or neglect category, they are considered VAN positive.