

**Acute Ischemic Stroke/Post-Thrombolysis
EMS Inter-hospital Transfer Guideline**

Sending Hospital Must Complete:

Receiving Facility Name _____

Receiving Facility Address _____

Accepting MD Name _____

Accepting MD Phone # _____

Patient Label

Time thrombolytic started: _____ (Military Time)

Waste discarded: Yes No

When thrombolytic completed _____ (Military Time), for tPA start infusion of NS at same rate via thrombolytic tubing, **not to exceed 1 liter.**

EMS must call the accepting physician at the receiving facility if any of the below clinical conditions occur or for any change in cardiac rhythm. Document the date/time/name of physician to whom you spoke.

Head-of-bed flat. If poor mental status or secretion management, place head-of-bed at 30.

If Thrombolytic is still running, **STOP** infusion and **contact the receiving facility physician** for any of the following (check box):

- new severe headache - Time infusion stopped _____
- increase in mini-NIHSS by 2 or more points - Time infusion stopped _____
- inability to keep SBP \leq 180 and DBP \leq 105 - Time infusion stopped _____
- angioedema or new rash - Time infusion stopped _____
Do NOT give epinephrine unless directed by accepting physician
- nausea and vomiting - Give Zofran 4mg iv x1 - Time infusion stopped _____
- systemic bleeding not controlled by direct pressure - Time infusion stopped _____

Vital Signs every 15 minutes with continuous cardiac monitoring

BP > 180/105 must be treated per AHA/ASA guidelines

- labetalol 20 mg IV every 20 minutes prn SBP >180 or DBP >105 – **if HR > 65bpm**
- hydralazine 10mg IV every 20 minutes prn SBP >180 or DBP >105 – **if HR < 65bpm**
- nicardipine 0.2mg/ml IV. Initiate at 2.5 mg/hr PRN SBP>180-200 or DBP >105. Initiate at 5mg/hr if SBP>200. Titrate in increments of 2.5 mg/hr as often as every 15 minutes to maintain above parameters. Max 15mg/hr.
- Nitropaste ½ inch if HR < 65bpm and nicardipine is not available
*Confirm adequate quantity of meds obtained for the duration of anticipated transport.
- If BP <90/60, bolus 250cc Normal Saline. May repeat x 1 if BP remains <90/60. Contact accepting physician for further orders if BP is refractory.

O2 at 2 liters via NC, titrate to keep oxygen saturation \geq 92%

Neuro checks (mini-NIHSS) every 15 minutes; notify accepting physician for signs of neurological worsening (increase in mini-NIHSS by 2 or more points).

Initial assessment should be performed together by ED RN and Paramedic prior to departing.

	15 Minutes prior to departure	Time of departure	15 Minutes	30 Minutes	45 Minutes	1 Hour	1 Hour & 15 Minutes	1 Hour & 30 Minutes	1 Hour & 45 Minutes	2 Hours
Time										
BP										
HR										
LOC 1a										
LOC 1b										
LOC 1c										
Motor RUE										
Motor LUE										
Motor RLE										
Motor LLE										
Total mini-NIHSS										
Initials										
Intervention ? Y/N*										

	2 Hours & 30 Minutes	3 Hours	3 Hours & 30 Minutes	4 Hours	4 Hours & 30 Minutes	5 Hours	5 Hours & 30 Minutes	6 Hours	Time of handoff to accepting facility
Time									
BP									
HR									
LOC 1a									
LOC 1b									
LOC 1c									
Motor RUE									
Motor LUE									
Motor RLE									
Motor LLE									
Total mini-NIHSS									
Initials									
Intervention ? Y/N*									

*Intervention is defined as any new medication dose, change in infusion rate, or patient change resulting in a call to medical control or receiving physician. Further explanation of intervention must be documented in the space.

Final assessment by Paramedic should be performed together by accepting RN and Paramedic prior to departing.

Scoring of Mini NIHSS

<p>1a. Level of Consciousness</p>	<p>0 = Alert; keenly responsive. 1 = Drowsy; arousable by minor stimulation 2 = Stuporous; requires repeated stimulation to attend, or is obtunded and requires strong or painful stimulation to make movements. 3 = Coma; responds only with reflex motor or autonomic effects or totally unresponsive, flaccid, and areflexic.</p>
<p>1b. LOC Questions: The patient is asked the month and his/her age. The answer must be correct-there is no partial credit for being close. If intubated, arbitrarily score 1.</p>	<p>0 = Answers both questions correctly. 1 = Answers one questions correctly. 2 = Answers neither questions correctly.</p>
<p>1c. LOC Commands: The patient is asked to open and close the eyes and then to grip and release the non-paretic hand. Demonstration is permitted.</p>	<p>0 = Performs both tasks correctly. 1 = Performs one task correctly. 2 = Performs neither task correctly.</p>
<p>Motor Arm: The limb is placed in the appropriate position: extend the arms (palms down) 45 degrees. 10 second count for arm. Motor Leg: The limb is placed at 30 degrees. 5 second count for leg. Demonstration is permitted. Each limb is tested in turn, beginning with the non-paretic side.</p>	<p>0 = No drift; limbs holds for full count. 1 = Drift; drifts before full count; does not hit the bed or other support. 2 = Some effort against gravity; limb cannot get to, or maintain position, drifts to bed, but has some effort against gravity. 3 = No effort against gravity; limb falls 4 = No movement.</p>