**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 t-PA to continue during transport, complete “t-PA Dosing and Administration Communication Form” on back of this sheet
* If IV pump tubing is not compatible with transport pump:
  + Add extension tubing with a cartridge adaptable to transport pump, if available

OR

* + Hold patient in ED until t-PA infusion is completed

**During Transport**

* Replace t-PA bottle with 20 mL 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
  + Call receiving physician if hemodynamically unstable or symptomatic from tachycardia or bradycardia
* Continuous pulse oximetry monitoring
  + Apply oxygen to maintain O2 sat > 94%
* Maintain NPO including medications
* Perform and record neuro checks every 15 mins
  + Cincinnati Pre-Hospital Scale
  + GCS and pupil exam
  + **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 t-PA infusion site**
* Maintain head of bed 30 degrees
* Avoid venipuncture or other invasive procedures unless absolutely necessary after t-PA start due to risk of bleeding

**Blood Pressure Management**

* Keep SBP < 180 and DBP < 105
  + 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

* + 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

* + If max dose of medication reached and BP remains above goal, turn off pump and call receiving physician for further instructions

**Complication Management**

* Monitor for acute worsening of neurological condition or severe headache, acute hypertension, nausea, or vomiting
  + Stop t-PA infusion if still being administered
  + Call receiving physician for further instructions and to update receiving hospital
  + 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
  + Stop t-PA infusion if still being administered
  + Treat allergic reaction according to agency protocol
  + Notify receiving hospital
* Monitor for other bleeding or hematomas at infusion/puncture sites or in urine or emesis
  + Apply direct pressure to any sites
  + 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

**t-PA 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:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NIHSS **before** t-PA: NIHSS **at transfer**: | | | **ED RN Initials** | | **EMS Transport Initials** |
| Total t-PA dose to be given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mg | | |  | |  |
| Excess t-PA 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 t-PA received: \_\_\_\_\_\_\_\_\_mg  EMS administered \_\_\_\_\_\_\_\_\_mL in transport  \*\*Switch to bag of 0.9% NS at \_\_\_\_\_\_\_ (recommended: same as t-PA rate)  after t-PA 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 – receiving hospital

Patient Sticker – sending hospital

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