

Post-IV t-PA (Alteplase®) Transfer Protocol**Subject: EMS Post-IV t-PA (Alteplase) Transfer Protocol****Outcome:** Expected Rapid Transfer of Acute Stroke patients to Tertiary Care**Scope:** Paramedic

Protocol:

All post t-PA patient should be sent Priority one by Critical Care Transport:

- Keep strict NPO *including* medications, food and/or fluids.
- Verify total bolus t-PA dose and total dose of infusion in ml. Also document both start time IV t-PA initiated, and estimated time of completion (prior to transport).
- Document vital signs prior to transport and verify that SBP < 185, DBP < 110. If BP above limits, sending hospital should stabilize prior to transport
- Perform and document initial neurological exam
 1. Perform and record the Cincinnati Pre-hospital Scale as per EMS guidelines
 2. Perform and record GCS and pupil exam
- Continuous pulse oximetry monitoring, apply oxygen by nasal canula or mask to maintain O2 sat > 92%
- Continuous cardiac monitoring. Call medical control if hemodynamically unstable or symptoms due to tachycardia or bradycardia
- When pump alarms "no flow above" to signify that the bottle is empty, there is still some t-PA left in the tubing which must be infused. Remove the IV drip chamber from the Alteplase bottle and attach it to a newly spiked bag of 0.9% NS and re-start the infusion. The pump will stop automatically when the preset volume has been infused.
- Monitor and document vital signs q 5 minutes **on opposite arm from t-PA infusion site**
- If SBP > 180 or DBP > 105, and if intravenous antihypertensive medication started at sending facility, then adjust as follows:
 1. If Labetalol IV drip started at the sending hospital, increase by 2mg/min every 10 minutes (to a maximum of 8mg/min) until SBP < 180 and/or DBP < 105. If SBP < 140 or DBP < 80 or HR < 60, turn off drip and call medical control for further instructions.
 2. If nicardipine IV drip was started at the sending hospital, may increase dose by 2.5mg/hr every 5 minutes to maximum of 15mg/hr until SBP < 180 and DBP < 105; If SBP < 140 or DBP < 80 or HR < 60, turn off drip and call medical control for further instructions.

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- For any acute worsening of neurologic condition, or if patient develops severe headache, acute hypertension, nausea, or vomiting (suggestive of intracerebral hemorrhage):
 1. Discontinue t-PA infusion (if still being administered)
 2. Call medical control for further instructions including decision to adjust blood pressure medications and/or divert to nearest hospital.
 3. Continue to monitor vital signs and neurological exam q15 minutes
 4. Contact the receiving hospital ED with an update and ETA

- For all Stroke patients, call CMED with entry note when 10 minutes from the receiving hospital