

ODEMSA Stroke Post-IV t-PA 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 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 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
 - Turn off pump and call receiving physician for further instructions
 - 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

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

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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:

	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

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

Patient Sticker – sending hospital

Patient Sticker – receiving hospital