

STRAC Regional Stroke Systems Committee

Guidelines for Transfer of Patients who have received IV Alteplase [Activase]

Guidelines for Transferring Facility: THE FOLLOWING DOCUMENTS/INFORMATION SHOULD BE SENT WITH THE PATIENT AT THE TIME OF TRANSFER:

- ED documentation that includes assessments and treatments provided to include:
 - Time last known well
 - NIHSS and vital signs prior to IV Alteplase [Activase] administration
 - Total dose of IV Alteplase [Activase] administration including time of bolus dose and initiation of infusion
 - Vital signs every 15 minutes after IV Alteplase [Activase] administration
 - Time of IV Alteplase [Activase] dose completed (if completed prior to transfer attach 50cc Normal Saline and continue at same rate)

Guidelines for EMS Transport: PATIENTS SHOULD BE TRANSFERRED BY CRITICAL CARE TRANSPORT WITH THE FOLLOWING INSTRUCTIONS:

- Document vital signs prior to transport and verify that SBP<180 and DBP<105.
 - If BP above limits, sending hospital should initiate antihypertensive medications, and EMS transport should continue to monitor and treat blood pressure during transport.
- Verify total dose and time of IV Alteplase [Activase] bolus
 - If dose complete prior to transport verify and document time of completion
- If IV Alteplase [Activase] dose administration will continue en route:
 - Verify estimated time of completion
 - If dose completed en route attach 50cc Normal Saline and continue at same rate
 - Document and notify receiving RN of time dose completed
- Monitor and document vital signs and neuro assessments every 15 minutes
 - For any acute worsening of neurological condition, or if patient develops new headache, acute hypertension, nausea or vomiting **discontinue IV Alteplase [Activase] infusion** and call medical control (sending physician) for further instructions.
- If SBP>180 and/or DBP>105
 - If no antihypertensive medications started at sending facility and BP above parameters on two readings 10 minutes apart:
 - Labetolol [Normodyne] 20mg IV push over 1 minute.
May repeat every 20 minutes times 2 doses (Maximum dose 300mg).
Do NOT give if pulse less than 65.
 - If Labetolol [Normodyne] ineffective and SBP>180 and/or DBP>105 initiate Nicardipine [Cardene] IV infusion at 2mg/hour. Increase by 2.5mg/hour every 15 (vs 5) minutes (Maximum dose 15mg/hour) until SBP<180 and/or DBP<105. If pulse less than 60 turn off drip and call medical control (sending physician) for further instructions.
 - If antihypertensive medication started at sending facility then adjust as follows:
 - If Labetolol [Normodyne] IV infusion: increase by 2mg/min every 10 minutes (Maximum dose 8mg/min) until SBP<180 and/or DBP<105. If pulse less than 60 turn off drip and call medical control (sending physician) for further instructions.
 - If Nicardipine [Cardene] IV infusion: increase by 2.5mg/hour every 5 minutes (Maximum dose 15mg/hour) until SBP<180 and/or DBP<105. If pulse less than 60 turn off drip and call medical control (sending physician) for further instructions.

- Provide copy of monitoring and treatment provided during transport to receiving RN at SLBH

Guidelines for receiving RN: THE FOLLOWING DOCUMENTS/INFORMATION SHOULD BE RECEIVED WITH THE PATIENT AT THE TIME OF TRANSFER:

- ED documentation from the sending facility that includes assessments and treatments provided to include:
 - Time last known well
 - NIHSS and vital signs prior to IV Alteplase [Activase] administration
 - Total dose of IV Alteplase [Activase] administration including time of bolus dose and initiation of infusion
 - Vital signs every 15 minutes after IV Alteplase [Activase] administration
 - Time of IV Alteplase [Activase] dose completed (if completed prior to transfer attach 50cc Normal Saline and continue at same rate)
- A copy of monitoring and treatment provided during transport.