

The Regional Guidelines for Transfer of Acute Stroke Patients have been developed by members of the STRAC Regional Stroke Systems Committee which includes Neurologists from Comprehensive and Primary Stroke Centers in the STRAC Region, as well as Stroke Certified Registered Nurses and EMS Representatives. These guidelines may serve to improve the management of quality and safety of acute stroke patients who are transferred.

ISCHEMIC STROKE		HEMORRHAGIC STROKE
With IV Alteplase [Activase]	Without IV Alteplase [Activase]	ICH / SAH
<p><b>If BP above limits: 1) Sending hospital initiates antihypertensive medications, 2) EMS transport monitors and treats BP during transport.</b></p>	<p><b>TRANSFERRING FACILITY (SEND AT TIME OF TRANSFER)</b> ED documentation to include assessments &amp; treatments provided: Last known well time NIHSS prior to TPA administration Vital signs prior to and <u>every 15 minutes</u> after TPA administration <u>Alteplase:</u> Total dose Time of bolus and initiation of infusion Time completed Time of 50cc Normal Saline infusion initiated</p> <p><b>EMS CRITICAL CARE TRANSPORT (PROVIDED AT TIME OF TRANSFER)</b> EMS documentation to include assessments &amp; treatments provided: Vital signs: <u>prior</u> to departure Verify: <b>SBP&lt;180 and DBP&lt;105</b></p>	<p><b>TRANSFERRING FACILITY (SEND AT TIME OF TRANSFER)</b> ED documentation to include assessments &amp; treatments provided: Last known well time NIHSS Vital signs Start Reversal of Oral Anticoagulants</p> <p><b>EMS CRITICAL CARE TRANSPORT (PROVIDED AT TIME OF TRANSFER)</b> EMS documentation to include assessments &amp; treatments provided: Vital signs: <u>prior</u> to departure Verify: <b>SBP&lt;140 and DBP&lt;90</b></p>
<p><u>Verify Alteplase:</u> Total dose Time of bolus and initiation of infusion Time of completion (if complete prior to transport)</p> <p><u>If IV Alteplase to continue in transport:</u> Verify estimated time of completion <i>If dose completed enroute, administer 50cc Normal Saline infusion at same rate of IV Alteplase</i> Document time of IV Alteplase completion and time Normal Saline infusion initiated</p> <p><u>Vital signs and Neuro assessments every 15 minutes</u> Discontinue IV Alteplase AND follow agency specific medical control guidelines for further instructions: For any acute worsening of neurological condition OR if patient develops new headache, acute hypertension, nausea or vomiting</p>		
<p><b>If SBP and or DBP above parameters</b></p> <p><b>IF NO ANTIHYPERTENSIVE MEDICATION STARTED</b> at sending facility and BP <u>above parameters on two readings 10 minutes apart:</u>  <input type="checkbox"/> <b>Labetolol [Normodyne]</b> 20mg IV push over 1 minute; may repeat every 20 minutes X 2 doses (maximum dose 300mg). DO NOT give if pulse is less than 65. If Labetolol [Normodyne] ineffective or unavailable initiate:  <b>Nicardipine [Cardene]</b> IV infusion at 2mg/hr; increase by 2.5mg/hr every 15 (vs 5) minutes (maximum dose 15mg/hr) until goal SBP and/or DBP achieved. If pulse less than 60, turn off drip and follow agency medical control guidelines for further instructions.</p> <p><b>IF ANTIHYPERTENSIVE MEDICATION STARTED</b> at sending facility then adjust as follows:  <input type="checkbox"/> <b>If Labetolol [Normodyne] IV infusion:</b> increase by 2mg/min every 10 minutes (maximum dose 8mg/min) until goal SBP and/or DBP achieved. If pulse is less than 60 turn off drip and follow agency specific medical control guidelines for further instructions.  <input type="checkbox"/> <b>If Nicardipine [Cardene] IV infusion:</b> increase by 2.5mg/hour every 5 minutes (maximum dose 15mg/hour until goal SBP and/or DBP achieved. If pulse is less than 60 turn off drip and follow agency specific medical control guidelines for further instructions.</p> <p>Ordering Physician signature: _____ Ordering Physician contact number: _____</p>		
<p><b>RECEIVING HOSPITAL RN: (TO RECEIVE AT TIME OF TRANSFER)</b> Documentation from <i>Referring Facility</i>; &amp; Documentation from <i>EMS</i> to include assessments and treatments provided: Last known well time NIHSS prior to TPA administration Vital signs prior to and <u>every 15 minutes</u> after TPA administration <u>Alteplase:</u> Total dose Time of bolus and initiation of infusion Time completed Time of 50cc Normal Saline infusion initiated</p>	<p><b>RECEIVING HOSPITAL RN: (TO RECEIVE AT TIME OF TRANSFER)</b> Documentation from <i>Referring Facility</i> &amp; Documentation from <i>EMS</i> to include assessments &amp; and treatments provided: Last known well time NIHSS Vital Signs</p>	<p><b>RECEIVING HOSPITAL RN: (TO RECEIVE AT TIME OF TRANSFER)</b> Documentation from <i>Referring Facility</i> &amp; Documentation from <i>EMS</i> to include assessments &amp; and treatments provided: Last known well time NIHSS Vital Signs</p>