

Acute Stroke Interfacility Transfer Protocol

Patient Name _____

DOB: ____/____/____

ASSESSMENT

BP Pulse
 V/S q 15 min w/neuro checks
 Continuous Cardiac Monitoring
 Weight _____ kg
 NIHSS on arrival _____
 Keep NPO (including meds)

TIME

Date: _____

ED TRIAGE TIME :

Date: _____

TIME OF ONSET :

DIAGNOSTICS

CT Head w/o contrast

CT results:
 No acute findings Hemorrhage
 New ischemic stroke Other

Labs:
 Stroke Panel: CBC w/Diff, Platelets, PT/INR, PTT, CMP, blood glucose
 Other
 12 Lead EKG

TREATMENT

NPO (including meds) until Dysphagia Screen
 ASA 325 mg po or 300 mg PR administer only if not eligible for Alteplase
 Administer IV Alteplase per protocol if eligible
 BP Protocol

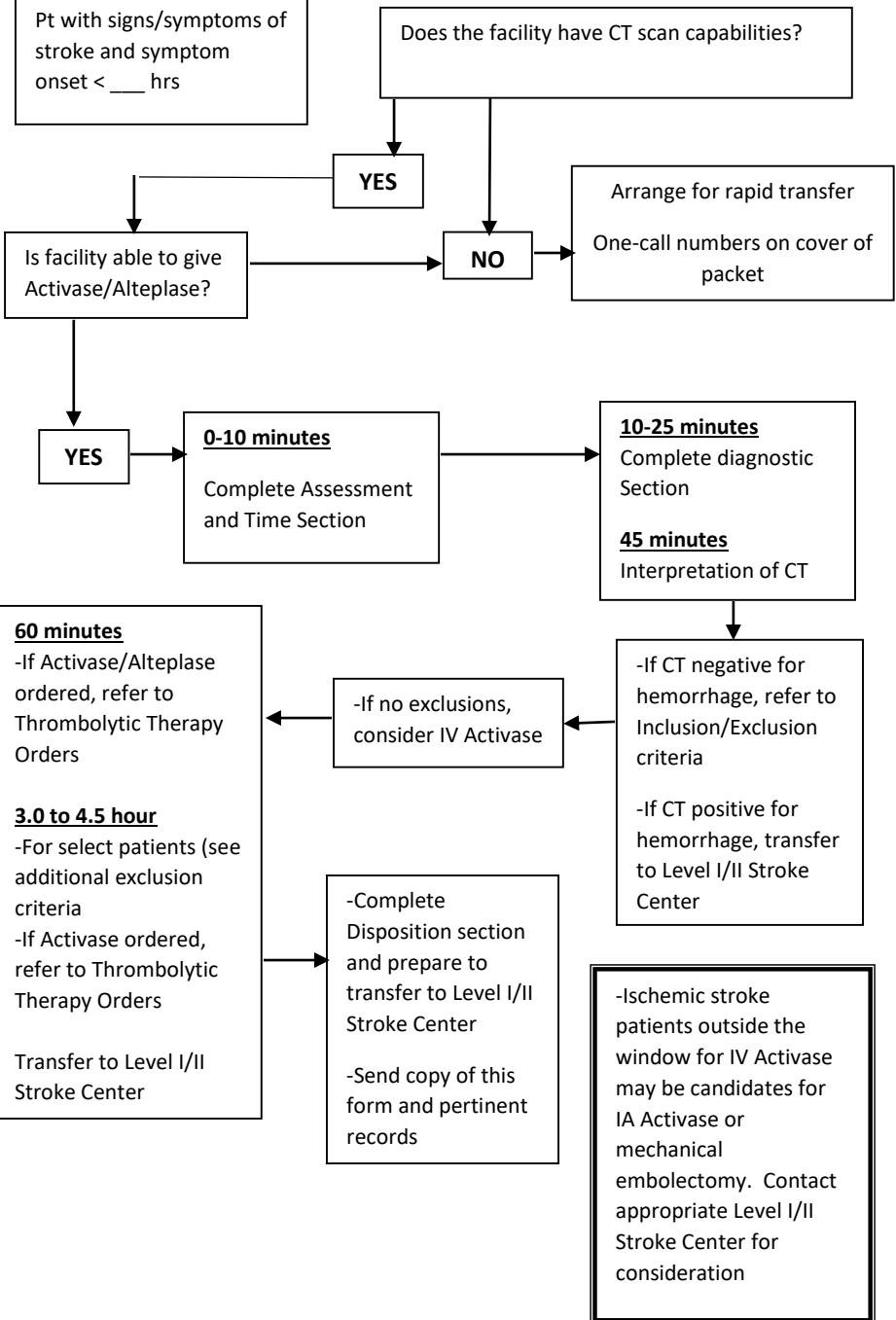
- IV Alteplase \leq 180/105
- Ischemic no Alteplase \leq 220/120
- Hemorrhagic \leq 140/80

Baseline O2 sat _____ %

- O2 to keep SATs \geq 94%

Acetaminophen PR for temp $>$ 100.4 F

Acute Stroke Intervention Algorithm



DISPOSITION	<input type="checkbox"/> Transfer to Primary/Comprehensive Stroke Center <input type="checkbox"/> Activate EMS or Air Evac Transfer Family/Contact Name & Cell <hr/> <hr/> ED or Primary Physician Name & Number <hr/> <hr/>	Alteplase Checklist <input type="checkbox"/> Onset SX to Alteplase bolus < 3 hrs <input type="checkbox"/> Onset Sx to Alteplase bolus up to 4.5 hrs in select patients (see additional criteria) <input type="checkbox"/> CT scan negative for hemorrhage <input type="checkbox"/> Thrombolytic Inclusion/Exclusion Checklist completed. No Exclusions <input type="checkbox"/> discuss risks/benefits/alternatives Patient/family <input type="checkbox"/> Consent obtained from Patient/Family who are eligible in 3.0 to 4.5 hr window <input type="checkbox"/> If Foley needed, consider insertion prior to Alteplase administration <input type="checkbox"/> Review blood glucose	IV Alteplase *0.9mg/kg (max dose 90mg) *10% total dose as bolus over 1 min *Remainder over 60 min *V/S + neuro assess Q15 min during infusion, then Q15 min x 1 hr, Q30 min x6hr, then Q1 hr x 16 hr after treatment *Maintain BP <180/105 *Repeat CT head if neuro status declines *No anticoag/antiplatelets for 24 hrs