

# 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:
  - o Add extension tubing with a cartridge adaptable to transport pump, if available OR
  - o 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
  - o Call receiving physician if hemodynamically unstable or symptomatic from tachycardia or bradycardia
- Continuous pulse oximetry monitoring
  - o Apply oxygen to maintain O2 sat > 94%
- Maintain NPO including medications
- Perform and record neuro checks every 15 mins
  - o Cincinnati Pre-Hospital Scale
  - o GCS and pupil exam
  - o 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
  - o Turn off pump and call receiving physician for further instructions
  - o 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
  - o 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
  - o Stop t-PA infusion if still being administered
  - o Call receiving physician for further instructions and to update receiving hospital
  - o 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
  - o Stop t-PA infusion if still being administered
  - o Treat allergic reaction according to agency protocol
  - o Notify receiving hospital
- Monitor for other bleeding or hematomas at infusion/puncture sites or in urine or emesis
  - o Apply direct pressure to any sites
  - o 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

# ODEMSA Stroke Post-IV t-PA EMS Transfer Check Sheet

## 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			
<b>Bolus dose:</b> _____ mg                      Time given: _____			
<b>Continuous Infusion:</b>			
• Dose: _____ mg                      Time started: _____			
• Rate: _____ mg/hr <b>Estimated</b> time of completion: _____			
<b>Actual</b> 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**			
<b>Signature/Title</b>	<b>Initials</b>	<b>Signature/Title</b>	<b>Initials</b>

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

Patient Sticker – sending hospital

Patient Sticker – receiving hospital