

SECONDARY TRANSFER CHECKLIST (rtPA-TNK)



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EMS INTER-FACILITY TRANSFER PROTOCOL:

Inter-facility Transfer Guideline for Stroke Patient Receiving IV tPA
All patients need to be sent by ALS Ambulance Service ONLY

Sending facility must be able to maintain systolic blood pressure below 180 mmHg and diastolic blood pressure below 105 mmHg prior to transport



Prior to transport sending facility to:

- Ensure peripheral IV access is patent
(Two large-bore IV's - one in right antecubital space in case endovascular procedure is required)
- Prepare document for EMS and receiving facility
 - Imaging- hard copy must be sent with EMS
 - Copy of visit record- faxed to receiving facility and/or hard copy with EMS
 - Onset information, assessment including exam and NIH Stroke Scale Results, orders, test results, vital signs, etc.
 - tPA information including exact dose, bolus start time and infusion end time if applicable
- If tPA will be infusing during transportation assure IV pump can go with the patient
- Document patient status, including vital signs and NIH Stroke Scale just prior to transport



tPA Considerations

- Standard dosing is as follows: 0.9 mg/kg, with 10% given as a one minute IV push bolus, and the remainder is infused over one hour. The maximum dose is 90 mg
- Label the bottle with the exact dose that the patient is to receive/what is in the bottle
- 50 ml of normal saline must be infused at the same rate as the tPA infusion, after the tPA ends, clear the IV tubing of remaining tPA. (If IV tubing must be changed, ensure that volume of medication in tubing is included in calculation.)



Hand-off Communication

Sending facility to provide the following to EMS and receiving facility:

- Family/caregiver contact information, including phone number
- Contact number of sending and receiving physicians
- Time patient last known normal
- Time patient arrived at sending facility for treatment
- Time the EMS was called for transport
- All information about tPA dose and administration times
- Last assessment results, including vital signs and NIH Stroke Scale



During Transport:

- Keep patient strictly NPO, including medications
- Provide continuous pulse oximetry monitoring, keeping SPO₂ > 94%, and ETCO₂ between 35-40mmHg
- Provide continuous cardiac monitoring
- If patient condition deteriorates notify receiving facility MD of condition change immediately
- If blood pressure > 180/105 or hypotension develops notify receiving facility MD immediately
- Perform and document vital signs and neurological assessment every 15 minutes on EMS-Inter-facility transfer flow sheet
- Contact receiving facility at least 10 minutes prior to arrival



Upon Arrival at Receiving Facility:

- Handoff all documentation provided by sending facility
- Handoff all transportation documentation including inter-facility transfer flow sheet
- Report any changes in condition status
- Report status of tPA infusion: amount of remaining infusion or completion time, amount of normal saline infusion after tPA if applicable
- Report all care provided during transport