

SECONDARY TRANSFER CHECKLIST (rtPA)



SENDING FACILITY WORKFLOW:

Inter-facility Transfer Guideline for Stroke Patients that are considered for or already received thrombolysis.
All patients need to be sent by ALS Ambulance Service ONLY

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.
 - rtPA information including exact dose, bolus start time and infusion end time if applicable
 - maintain systolic blood pressure below 180 mmHg and diastolic blood pressure below 105 mmHg prior to transport
- If rtPA 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

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 rtPA dose and administration times
- Last assessment results, including vital signs and NIH Stroke Scale

EMS INTER-FACILITY TRANSFER PROTOCOL:

Stroke Patient During or After IV rtPA

ALS Transport Required

Sending facility must be able to maintain systolic blood pressure below 180 mmHg and diastolic blood pressure below 105 mmHg prior to transport and if rtPA still infusing IV pump must go with the patient

Transferring hospital:

Family/caregiver or
emergency contact number:

Name of referring physician:

Contact number of
referring physician:

Name of receiving physician:

Contact number of
receiving physician:

Patient's condition:

☐ Imaging checklist attached
for reason of transfer

10% of IV rtPA dose is administered via a one minute IV push, then the rest drips in over one hour.
This must be followed by 50 ml normal saline - infused at the same rate to clear the rtPA from the
IV tubing and ensure maximum dose infused. No other medications through rtPA infusion line.

It is important to note the start and end time of IV rtPA

1. Perform and document **Vital Signs and Neurological Exam:**

(EMS Neurological Exam = Cincinnati Pre-Hospital Stroke Scale and Glasgow Coma Scale with pupil exam)

☐ **From start of IV rtPA:** every 15 minutes x 2 hours, then every 30 minutes x 6 hours,
or until arrival at destination hospital

PRN for SBP >180 or DBP >105 mmHg:

- ☐ Consider IV Labetalol 10 mg IV over 2 minutes
- ☐ Recheck in 5 minutes, may repeat one time

PRN for SBP <120 mmHg:

- ☐ HOB flat
- ☐ Discontinue antihypertensive medications

2. Continuous cardiac monitoring

NO DEXTROSE

PRN for SBP <90 mmHg:

- ☐ 1 liter Normal Saline – wide open rate
- ☐ Notify receiving hospital

3. Continuous pulse oximetry monitoring

☐ Apply oxygen by nasal cannula or mask to maintain SpO₂ >94%

4. Monitor for acute worsening conditions and decline in neurologic status

(new headache or nausea, decline in mental status, vomiting, signs of bleeding, or angioedema):

☐ **FIRST stop IV rtPA** - then call receiving facility.

5. Strict NPO including medication and ice chips

Contact receiving facility with cardiac or blood pressure issues or acute worsening conditions or decline in neurological status.
Tell the operator you need the stroke physician on-call emergently.

6. Contact receiving facility with an update and ETA at least 10 minutes prior to arrival

Hand-Off Communication Upon Arrival Must Include:

- Documentation and imaging from sending facility
- Completed Transfer Protocol Documentation Form or other form that includes required
- documentation components listed above
- Verbal report, including changes in condition and/or concerns, and care provided
- Status of IV rtPA infusion and normal saline infusion, including completion time if finished in route

EMS INTER-FACILITY TRANSFER PROTOCOL:

Stroke Patient During or After IV rtPA

**Communicate to receiving facility, provide this completed form, and provide electronic ePCR*

Vital Signs: (Goal: SBP < 180 mmHg and DBP < 105 mmHg)

Date/Time from start of rtPA	Blood Pressure	Heart Rate	Respiratory Rate
15 min			
30 min			
45 min			
60 min			
1 hr 15 min			
1 hr 30 min			
1 hr 45 min			
2 hr			
2 hr 15 min			
2 hr 30 min			
2 hr 45 min			
3 hr			
3 hr 15 min			
3 hr 30 min			

Neurological Exam:

Glasgow Coma Scale	Date/Time from start of rtPA	Glasgow Coma Scale			CPSS
Eye Opening:		Eye Opening	Verbal Response	Motor Response	Facial Droop Abnormal Speech Arm Drift (Specify Side)
Spontaneous 4	15 min				
To Speech 3	30 min				
Only with noxious stimuli 2	45 min				
No eye opening 1	60 min				
Verbal Response:	1 hr 15 min				
Oriented 5	1 hr 30 min				
Disoriented, confused 4	1 hr 45 min				
Inappropriate speech 3	2 hr				
Incomprehensible sounds 2	2 hr 15 min				
No verbal response 1	2 hr 30 min				
Motor Response:	2 hr 45 min				
Obeys verbal commands 6	3 hr				
Response to noxious stimuli	3 hr 15 min				
Localizes 5	3 hr 30 min				
Withdraws 4					
Flexor posturing 3					
Extensor posturing 2					
No motor 1					

Notify receiving physician if changes in assessment identified

EMS Signature: _____

Date: _____

EMS Signature: _____

Date: _____

- EMS: Emergency Medical Services
- IV: Intravenous Therapy
- ALS: Advanced Life Support
- NIH: National Institute of Health
- SBP: Systolic Blood Pressure

- DBP: Diastolic Blood Pressure
- ETCO2: End-Tidal Carbon Dioxide
- SPO2: Capillary oxygen saturation
- MD: Doctor of Medicine
- HOB: Head of the Bed (elevated at 30 degrees)

- ETA: Estimated Time of Arrival
- CPSS: Cincinnati Prehospital Stroke Scale
- ePCR: Electronic Patient Care Report
- PRN: pro re nata (as needed)
- NPO: nil per os (Nothing by mouth)