

SECONDARY TRANSFER CHECKLIST (rtPA-TNK)

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-TNK information including exact dose and administration time
 - maintain systolic blood pressure below 180 mmHg and diastolic blood pressure below 105 mmHg prior to transport
- 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 thrombolytic drug dose and administration times
- Last assessment results, including vital signs and NIH Stroke Scale

EMS INTER-FACILITY TRANSFER PROTOCOL:

Stroke Patient After IV rtPA-TNK

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

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

Tenecteplase is administered by a single IV bolus over 5 to 10 seconds, eliminating the need for a one-hour infusion, as required for Alteplase

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

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

☐ Regularly after rtPA-TNK administration 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

PRN for SBP <90 mmHg:

NO DEXTROSE

- ☐ 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):

☐ Call receiving facility if happening

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

EMS INTER-FACILITY TRANSFER PROTOCOL:

Stroke Patient After IV rtPA-TNK

*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 rtPA-TNK administration	Blood Pressure	Heart Rate	Respiratory Rate

Neurological Exam:

Glasgow Coma Scale	Date/Time from rtPA-TNK administration	Glasgow Coma Scale			CPSS
Eye Opening:		Eye Opening	Verbal Response	Motor Response	Facial Droop Abnormal Speech Arm Drift (Specify Side)
Spontaneous					
To Speech					
Only with noxious stimuli					
No eye opening					
Verbal Response:					
Oriented					
Disoriented, confused					
Inappropriate speech					
Incomprehensible sounds					
No verbal response					
Motor Response:					
Obeys verbal commands					
Response to noxious stimuli					
Localizes					
Withdraws					
Flexor posturing					
Extensor posturing					
No motor					

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)