

Date: _____ **Transport #:** _____
Time Transport Requested: _____
Time Enter Door Receiving Hospital: _____

[Place PATIENT LABEL here on all 3 copies]

Inter-Facility Stroke Transfer – EMS Documentation

- 1) Activate emergent transport **FIRST** (air or ground as appropriate) - utilize script "LEVEL ONE STROKE PATIENT"
- 2) Secure acceptance at a Comprehensive/Endovascular Capable Stroke Center
- 3) Review EMS report and/or family report, note the following:

Blood Glucose
Time and Value

_____/_____/_____ Date / Time of Last Known Well
 ____/____/_____ NIHSS Prior to Alteplase/ Time of NeuroAssessment

Has a Large Vessel Occlusion been identified? Y / N - Receiving Neuro IR MD _____

Major Neuro Deficits identified at sending facility _____

Pertinent Current Medications _____

Pertinent Medical History _____

Cell Phone Number for Point of Contact: _____ Name: _____

If patient received Alteplase, monitor:

- 1) Airway – SaO2 > 94%
- 2) BP < 180/105
- 3) HR > 50 and < 160
- 4) RR > 10 and < 30
- 5) Keep NPO
- 6) NIHSS / Neuro Assessment

NIHSS SCORE AT
TIME OF TRANSFER

Pre-Alteplase BP Goal:
<185/110

Post-Alteplase BP Goal:
<180/105

Alteplase Monitoring

S/S of Neuro Deterioration

- Sudden Onset of Severe Headache
- Decreased LOC
- Sudden Onset of Acute HTN
- Sudden Onset of Severe N/V

If the above S/S or orolingual angioedema (drooling, swelling) appears, STOP Alteplase infusion.

Alteplase Administration

Weight in Kg _____ x 0.9 mg/kg = _____ Total dose (mg) - MAX DOSE: 90 mg

Amount pulled from vial & wasted _____ (mg)

_____ Bolus Amount _____ Infusion Amount _____ Infusion Completion Time
 _____ Bolus Time _____ Infusion Start Time _____ Flush Start Time _____ Flush Stop Time
 (50 ml 0.9% NS @ same rate as tPA Infusion)

Frequency Q15 X 2 hours	Time	B/P	HR	RR	O2Sat	Neuro Changes	Neuro Changes Noted/Meds Given	Orolingual Angioedema
1 *Pre Bolus						Y / N		Y / N
2 *Post Bolus						Y / N		Y / N
3						Y / N		Y / N
4						Y / N		Y / N
5						Y / N		Y / N
6						Y / N		Y / N
7						Y / N		Y / N
8						Y / N		Y / N