

# Coastal Bend Regional Advisory Council Trauma Service Area - U



## EMS-INTER-FACILITY TRANSFER THROMBOLYTICS PROTOCOL: Stroke Patient: During or after IV Alteplase (tPA)/Cardiac Patient: During or after Tenecteplase (TNKase)

### ALS Transport Required

Pt Name:			IV tPA/TNK Start Date/Time:		Rate:		Amount left to Infuse:		Estimate End Time:			
Date of Birth:			Other Medications given:									
Document Vital Signs and Neurological Exam every 15 min			Last BP prior to transfer:		Last NIHSS prior to Transfer:		Last blood glucose:					
Date:	15 min	15 min	15 min	15 min	15 min	15 min	15 min	15 min	15 min	15 min		
Time												
Facial Droop	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		
Right Arm Drift	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		
Left Arm Drift	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		
Right Leg Drift	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		
Left Leg Drift	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		
Glasgow Coma Scale												
Eye Opening												
Verbal Response												
Motor Response												
GCS Score												
Vital Signs: Goal SBP<180mmHg & DBP <105 mmHg												
Blood Pressure												
Heart rate												
Respirations												
Pulse Oximetry												
EMS Initials												
Calculating Glasgow Coma Scale						Monitoring						
Eye Opening		Verbal Response			Motor Response		- Goal to keep SBP< 180 mmHg & DBP <105mmHg - Continuous cardiac monitoring - Continuous pulse oximetry monitoring - Strict NPO (including medication and ice chips)					
Spontaneous	4	Oriented			5	Obeys						6
To Speech	3	Disoriented/confused			4	commands						5
Only with Noxious stimuli	2	Inappropriate speech			3	Localizes						4
No eye opening	1	Incomprehensible sounds No verbal response			2	Withdraws						3
					1	Flexor posturing	2					
						Extensor posturing	1					
						No motor						
<b>**Monitor for angioedema and/or decline in neurologic status - First: Stop IV tPA-then call receiving facility**</b> Contact receiving facility with cardiac/blood pressure issues or acute worsening conditions or decline in neurological status. Tell the operator you need the ED physician <b>If tPA infusion completes en route, hang 50 ml NS at same rate as tPA infusion to ensure all tPA is out of tubing</b> ***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 t-PA still infusing IV pump must go with the patient***												
Transferring Facility:												
Receiving Facility:												
Family/Caregiver Emergency Contact #:												
Patient Last Known Well (date/time):												

EMS Initials/Signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_

RN Initials/Signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_