



# Coastal Bend Regional Advisory Council Trauma Service Area - U

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

**ALS Transport Required**

<b>Patient Sticker</b>				TNK Start Time:		TNK Amt Given (MG):		
				Other Medications given:				
<b>Document Vital Signs and Neurological Exam every 15 min</b>				Last BP prior to transfer:		Last NIHSS prior to Transfer:		Last blood glucose:
<b>Date:</b>	<b>15 min</b>	<b>15 min</b>	<b>15 min</b>	<b>15 min</b>	<b>15 min</b>	<b>15 min</b>	<b>15 min</b>	<b>15 min</b>
<b>Time</b>								
<b>Facial Droop</b>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
<b>Right Arm Drift</b>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
<b>Left Arm Drift</b>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
<b>Right Leg Drift</b>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
<b>Left Leg Drift</b>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
<b>Glasgow Coma Scale</b>								
<b>Eye Opening</b>								
<b>Verbal Response</b>								
<b>Motor Response</b>								
<b>GCS Score</b>								
<b>Vital Signs: Goal SBP&lt;180mmHg &amp; DBP &lt;105 mmHg</b>								
<b>Blood Pressure</b>								
<b>Heart rate</b>								
<b>Respirations</b>								
<b>Pulse Oximetry</b>								
<b>EMS Initials</b>								
<b>Calculating Glasgow Coma Scale</b>					<b>Monitoring</b>			
<b>Eye Opening</b>		<b>Verbal Response</b>		<b>Motor Response</b>		<ul style="list-style-type: none"> <li>- Goal to keep SBP&lt; 180 mmHg &amp; DBP &lt;105mmHg</li> <li>- Continuous cardiac monitoring</li> <li>- Continuous pulse oximetry monitoring</li> <li>- Strict NPO (including medication and ice chips)</li> </ul>		
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	2	Withdraws	3			
		No verbal response	1	Flexor posturing	2			
				Extensor posturing	1			
				No motor				
<p><b>**Monitor for angioedema and/or decline in neurologic status - First: call receiving facility**</b></p> <p>Contact receiving facility with cardiac/blood pressure issues or acute worsening conditions or decline in neurological status. <b>Tell the operator you need the ED physician</b></p>								

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

<b>Transferring Facility:</b>	
<b>Receiving Facility:</b>	
<b>Family/Caregiver Emergency Contact #:</b>	
<b>Patient Last Known Well (date/time):</b>	

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

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

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

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