



Kaleida Health

DOWNTIME	<input type="checkbox"/> Entered into electronic record after downtime
	_____ date _____ time
	_____ initials

Patient Name _____		
Date of Birth _____	Admission/Visit Date _____	Site _____
Medical Record Number _____	Financial Number _____	
Patient ID Area _____		

**EMS POST IV ALTEPLASE INTER-FACILITY TRANSFER GUIDELINES**

**PRIOR TO TRANSPORT**

Obtain contact information (cell phone) for family or caregiver. The receiving facility will need this to contact the family before and upon arrival to assist with treatment decisions.

**Print patient name** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Print family or caregiver name** \_\_\_\_\_ **Cell phone** (\_\_\_\_\_) \_\_\_\_\_

All patients are to be transported via paramedic transport after receiving IV alteplase. The sending facility must review the following guidelines with paramedic transferring patient.

**Name and credentials of person at sending facility providing this review** \_\_\_\_\_

Document vital signs and verify the SBP <180 and DBP <105 mmHg. If above these limits, the sending facility will need to treat before transport. Perform and document Cincinnati Prehospital Stroke Score, neurologic assessment and symptoms. Continuous airway and pulse oximetry monitoring, apply O2 to maintain saturation >94%. Continuous cardiac monitoring

**Document: IV alteplase total dose** \_\_\_\_\_ **Document: Bolus dose and time given** \_\_\_\_\_

**Document: Infusion dose and time started** \_\_\_\_\_ (must infuse through a dedicated line)

When IV alteplase will continue to infuse during transport:

- > If the manufacturer's bottle is used, confirm the excess IV alteplase has been withdrawn from the bottle.
- > Kaleida Health facilities will have transferred entire IV infusion dose to a bag.
- > The sending hospital is to label the bottle or bag with remaining volume of IV alteplase at the time of transport.

When pump alarms "no flow" and the full volume set on the pump has been delivered, **the alteplase in the tubing must still be infused to deliver the full dose.**

- > Remove the IV alteplase bottle and attach 0.9% NS.
- > Restart pump at the **same infusion rate to complete infusing the IV alteplase that remains in the IV tubing.**
- > Infuse a minimum of 25 mL of NS.

**Document: Time IV alteplase bottle/bag ended** \_\_\_\_\_ **Time NS started** \_\_\_\_\_ **and Time NS ended** \_\_\_\_\_

**DURING TRANSPORT**

Maintain strict NPO, including medications.

**Monitor and document vital signs and neurologic assessment a minimum of every 15 minutes.**

B/P cuff is not to be used on the arm with IV alteplase infusion.

When SBP >180 or the DBP >105, contact medical direction for management of BP and medication.

**ALERT – ADVERSE REACTIONS: Intracerebral Bleeding or Oral Pharyngeal Edema**

**Intracerebral bleeding** may result in worsening of neurologic exam; deterioration in mental status, severe headache, acute hypertension, nausea, vomiting or seizure

**Oral pharyngeal edema** will be demonstrated by swelling of the tongue, gums, airway or difficulty breathing

1. Discontinue IV alteplase.
2. Call for medical direction.
3. Continuously monitor airway and oxygen saturation.
4. Intubation for airway protection may be indicated.
5. Continue to monitor vital signs and neurological exam every 15 minutes.
6. Contact receiving hospital and provide update with estimated time of arrival.

**REPORT ON ARRIVAL**

Vital signs (especially blood pressure), Neurologic assessment and symptoms

IV alteplase Bolus Dose, Time of Bolus Dose

IV alteplase Infusion Time started, Time ended

IV alteplase Flush with NS started, Time ended

Transporting paramedic signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Transporting company name \_\_\_\_\_