



## **Guidance for Determining the need for a Medical Escort for Confirmed Life or Limb Patients<sup>1</sup> with Acute Ischemic Stroke being Transferred for Endovascular Thrombectomy (EVT)**

During EVT consultation, the sending and receiving physician should determine the need for a medical escort. These needs should be subsequently discussed with the Paramedic Service. The following guidelines provide some criteria for determining the need for medical escort.<sup>2</sup>

Patients with Acute Ischemic Stroke who are being transferred for EVT by a Land Paramedic Team should be accompanied by a medical escort if one or more of the following conditions are met:

- Patient is receiving intravenous therapy, including Alteplase
- Patient has received or is likely to require ongoing hypertension medication
- Patient is at high risk for medical deterioration that could require treatment or interventions outside the paramedic scope of practice (e.g., vitals unstable, decreased level of consciousness)

A decision to intubate the patient prior to transfer should be discussed, and transfer protocols for intubated patients should be followed (i.e., medical escort).

**All Life or Limb Acute Stroke Patients being transferred for EVT<sup>1</sup>, irrespective of medical escort use, must be offloaded immediately upon arrival** (i.e., following local acute code stroke protocols). In the event that the patient is no longer eligible for EVT, immediate offload is still required- i.e., paramedics are not required to remain with the patient while repatriation is being arranged.<sup>3</sup>

### **Additional Guidance and Considerations**

- If a patient received Tenecteplase, and the above conditions are not met, a medical escort may not be medically required. In these situations:
  - should the patient experience post thrombolysis angio-edema during transfer, standard protocols for allergic reaction should be followed.

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<sup>1</sup> Life or Limb patients are those who have had imaging completed, and who have been accepted by the EVT team.

<sup>2</sup> Paramedics may still require an escort due to unique patient or transfer factors.

<sup>3</sup> In the event that an offload delay is experienced, paramedics should follow established feedback mechanisms to contact the Regional/District Stroke Program Lead and/or the Stroke Medical Director of the receiving EVT facility for internal process improvement.

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- should the patient deteriorate during transfer, paramedics should follow standard processes, as with other clinical conditions (e.g., STEMI or trauma bypass).
  - Neither Advanced Care Paramedics (ACP) or Primary Care Paramedics (PCP) have the ability to treat hypertension. They do not carry any medications specifically for hypertension management. If the patient is at increased risk for developing hypertension en route, a medical escort should be considered.
  - Neither PCP nor ACP have the ability to manage infusion pumps.
  - Only ACP are able to intubate.