![Kingston General Hospital logo] KGH Kingston General Hospital *Outstanding care, always*

KGH EVT Stroke Pilot Project Check List

Please give completed checklist to Stroke Specialist Case Manager <u>or</u> FAX to Regional Stroke Office at 613-548-2454 if not present

Chart Record Number: _____

Step 1: IV tPA

Yes	No	
☐	☐	Baseline NIHSS
☐	☐	IV tPA eligible or not based on contraindications (clinical, imaging, labs)
☐	☐	IV tPA administration
☐	☐	Enter IV tPA order in the chart
☐	☐	POC INR. If **Yes**, PT = INR =
☐	☐	Patient able to provide a consent
If patient is not able to consent		
☐	☐	Family / Substitute decision maker available for consent
☐	☐	Verbal / Written consent
☐	☐	Physician Decision

Step 2 : EVT

Inclusion criteria for EVT (All should be Yes)

Yes	No	Criteria
☐	☐	Age 18 years or greater
☐	☐	NIHSS > 5
☐	☐	Pre-stroke functioning independently in activities of daily living in their community
☐	☐	NCCT with ASPECTS ≥ 6
☐	☐	CTA with intracranial large proximal artery occlusion in anterior circulation
☐	☐	Multiphase CTA with moderate to good collaterals
☐	☐	Time from Stroke onset to Groin puncture – should be less than 6 hours
☐	☐	Time from NCCT to groin puncture ≤ 60 minutes
☐	☐	Time from NCCT to reperfusion ≤ 90 minutes

Exclusion criteria (All should be No)

Yes	No	Condition
☐	☐	Severe or Fatal co-morbid illness
☐	☐	Intracranial Bleed
☐	☐	Intracranial or Extra cranial dissection
☐	☐	Fibromuscular Dysplasia
☐	☐	Difficult Femoral access
☐	☐	Severe / Contrast Allergy

SAMPLE

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Step 3: EVT Process / Preperation

Yes	No	Process
Consent for EVT		
☐	☐	Patient able to provide a consent
*If patient is **not** able to provide a consent*		
☐	☐	Family / Substitute decision maker available for consent
☐	☐	Verbal consent *over phone*
☐	☐	Written consent
EVT Preparation		
☐	☐	2 IV Lines
☐	☐	Foley Catheter
☐	☐	Inform Kidd 2

Step 4: Post EVT

Yes	No	Process
☐	☐	Document Post EVT NIHSS
☐	☐	Document Post EVT Reperfusion
☐	☐	IVR times collected
☐	☐	Handover to ICU Team