



Stroke Alert Protocol
Adult Endovascular Therapy Transfer Orders

Review allergies and alerts. Cross out non-applicable orders. Needs to be signed by an authorized physician.

Date: (dd/mm/yyyy)	Time: (hh:mm)	Most Responsible Physician (MRP):	Consulting EVT Physician:
---------------------------	----------------------	--	----------------------------------

Endovascular Pre-Procedural Orders (Have completed prior to leaving the ED)

1. Primary IV fluid: 0.9% Normal Saline _____ mL/hr
Start second IV access: saline lock in same arm for IV t-PA administration as per protocol
2. Insert Foley catheter to straight drainage
3. Remove patient's clothing
4. Obtain contact information for family, if present
Next of Kin: _____
5. Fax ED face sheet to HGH Patient Registration: (905) 577-1411
6. Call HGH ED to give a pre-alert when leaving: (905) 527-4322 ext. 46251

Vitals and Monitoring

7. Continuous cardiac monitoring
8. Continuous pulse oximetry. Give oxygen 2-4 L/minute via nasal prongs if SpO₂ less than 92%
9. Vital signs q 15 minutes
10. Canadian Neurological Scale (CNS) q 15 minutes
 - a. If the CNS score decreases by 1 point with signs of neurological decline, **STOP** t-PA infusion, alert EMS to contact receiving hospital ED to inform of change in patient condition
11. Monitor face, tongue, and oropharynx for angioedema q 15 minutes

Diet

12. NPO

Blood Pressure Treatment – For Patients Receiving or Received tPA Only

13. For SBP greater than 180 mmHg or DBP greater than 105 mmHg after 2 or more measurements 10 minutes apart, give:
 - a. Labetalol 10 mg IV over 2 minutes for target SBP less than 180 mmHg or DBP less than 105 mmHg
 - b. Repeat Labetalol 10 mg IV q 10-20 minutes prn (max 150 mg) for target SBP less than 180 mmHg or DBP less than 105 mmHg

NOTE: Labetalol contraindicated for cardiogenic shock, uncontrolled Congestive Heart Failure, greater than 1st degree heart block, sinus bradycardia

 - c. If hypertension not stabilized with medication management, **STOP** tPA infusion, alert EMS to contact receiving hospital ED to inform of change in patient condition

Angioedema Treatment

14. For swelling of face, tongue, and oropharynx:
 - a. **STOP** t-PA infusion, alert EMS to contact receiving hospital ED to inform of change in patient condition
 - b. Administer:
 - i. diphenhydrAMINE 50 mg IV push over 1-2 minutes x 1 dose
 - ii. raNITidine 50 mg IV push over 5 minutes x 1 dose
 - iii. methylPREDNISolone succinate 80 mg IV push over 3 to 15 minutes or diluted in 50 mL N/S

infuse over 20 minutes x 1 dose

NOTE: Unless anaphylaxis avoid use of EPINEPHrine due to possibility of increasing risk of intracerebral hemorrhage secondary to sudden rise in blood pressure

Nausea Treatment

15. For relief of motion sickness and drug induced nausea and vomiting, administer:
- a. Granisetron 1 mg IV push over 30 seconds undiluted or diluted in 50 mL N/S infuse over 5-20 minutes x 1 dose

Contrast Dye Allergic Reaction Treatment

16. For patients experiencing an allergic reaction to contrast dye medium related to CT. An anaphylactic reaction typically happens immediately but can be delayed and a reaction of itchiness and hives may occur up to 24 to 48 hours. Administer:
- a. diphenhydrAMINE 50 mg IV push over 1-2 minutes x 1 dose
 - b. methylPREDNISolone succinate 40 mg IV push over 3 to 15 minutes or diluted in 50 mL N/S infuse over 20 minutes x 1 dose
 - c. Alert EMS to contact receiving hospital ED to inform of change in patient condition

Other Medical Management

17. For any acute worsening of neurologic condition, or if patient develops severe headache, acute hypertension, persistent nausea or vomiting (suggestive of intracerebral hemorrhage):
- a. Discontinue t-PA infusion (if still being administered)
 - b. Continue to monitor vital signs and CNS as outlined
 - c. Alert EMS to contact the receiving hospital ED with an update and ETA

Bleeding Precautions

18. * Avoid intramuscular injections, blood draws, or other invasive procedures x 24 hours
- * Check puncture sites for bleeding or hematoma
 - * Apply digital pressure dressings to active bleeding sites
 - * Evaluate urine, stool, emesis or other secretions for blood
- For systemic bleeding that cannot be managed, **STOP** tPA infusion, alert EMS to contact receiving hospital ED to inform of change in patient condition

Other Orders

- 19.
- 20.
- 21.
- 22.
- 23.
- 24.

Signature: _____
Printed Signature Date (dd/mm/yyyy) Time (hh:mm)

SAMPLE