



# EMS Interfacility Ground Transport Protocol for Patients during/after IV Thrombolytic Administration for Acute Ischemic Stroke

- Strict NPO
- Obtain and record vital signs **a minimum of every 15 minutes**
- Obtain and record neuro checks per the Cincinnati Prehospital Stroke Scale **a minimum of every 15 mins**
- BP management per Medication Guide below
- HOB flat unless patient at risk for aspiration, airway obstruction, or is unable to maintain oxygenation

<b>Acute Stroke Management</b> <ul style="list-style-type: none"> <li>• <b>Maintain BP&lt;180/105</b></li> <li>• If BP&gt;180/105, follow BP protocol below</li> <li>• If SBP&lt;140 or DBP&lt;80 and patient on antihypertensive drip, titrate down and/or DC</li> <li>• For patient's receiving Alteplase: <ul style="list-style-type: none"> <li>○ Total Alteplase infusion time should be 60 minutes</li> <li>○ Once Alteplase infusion completes, hang NS at existing rate with existing tubing to infuse remaining Alteplase</li> </ul> </li> </ul>	<b>***No other medications through Thrombolytic infusion line</b>  <b>***If SBP precipitously drops below 140, contact receiving facility for guidance.</b>  <b>***STOP Thrombolytic if the patient develops the following symptoms: worsening LOC, hemorrhage, severe headache, acute hypertension, nausea and vomiting, difficulty breathing or angioedema.</b>
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## **Guide for controlling BP in patients during/after IV Thrombolytic administration for Acute Ischemic Stroke**

If BP>180/105 and HR>60, give labetalol 10 mg IV x1 over 2 min; If no response after 10 minutes, may repeat x1.

**OR**

Initiate Nicardipine drip at 2.5 mg/hr and titrate by 2.5 mg/hr every 15 minutes up to a maximum of 15 mg/hr. Consider reduction to 3 mg/hour after response is achieved. Monitor and titrate to lowest dose necessary to maintain BP within parameters. May also consider Nicardipine if BP not responsive to labetalol.

## **POTENTIAL COMPLICATIONS**

<b>SYMPTOM</b>	<b>TREATMENT</b>
Hypotension (SBP<90)	<ul style="list-style-type: none"> <li>• HOB flat</li> <li>• D/C any antihypertensive drips</li> <li>• Administer 500cc NS fluid bolus</li> <li>• If major bleeding suspected, STOP Thrombolytic</li> </ul>
Hypertension (BP>180/105)	<ul style="list-style-type: none"> <li>• Per medication guide above</li> </ul>
Neurologic Deterioration	<ul style="list-style-type: none"> <li>• Assess circulation, airway, breathing (CAB)</li> <li>• Obtain full set of vitals and neurological check</li> <li>• Check glucose and treat if &lt;60</li> </ul>
Difficulty Breathing or Angioedema	<ul style="list-style-type: none"> <li>• STOP Thrombolytic if infusing</li> <li>• Treat according to allergic reaction protocol**</li> </ul> <p>**Withhold Epi unless angioedema is causing impending airway compromise</p>
Nausea and Vomiting	<ul style="list-style-type: none"> <li>• Treat according to protocol</li> </ul>
Bleeding	<ul style="list-style-type: none"> <li>• Apply direct pressure</li> <li>• Treat according to protocol</li> <li>• If major bleeding suspected, STOP Thrombolytic</li> </ul>

**CONTACT SENDING OR RECEIVING FACILITY FOR QUESTIONS**