



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

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

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

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

CONTACT SENDING OR RECEIVING FACILITY FOR QUESTIONS