

Stroke Endovascular Thrombectomy (EVT) Protocol

Brockville General Hospital (BGH) Emergency Transfer Guide for EVT

2024/06/17

Under 4.5 hours with Consult to Telestroke Step 1: Determine if patient is candidate for thrombolysis. If yes, then administer thrombolysis as per protocol. *Determine if patient is potential EVT candidate from Telestroke Neurologist consultation after review of patient assessment and CT/mCTA imaging.*

OR

Between 4.5 to 24 hours Step 1: Refer to ACT-FAST POSTER to determine EVT consult candidacy. If ACT- FAST positive skip to Step 3.

Step 2: Review Clinical Inclusion and Exclusion Criteria for EVT:

Inclusion Criteria*

Yes to all Below:

- Age 18 years or greater
- CT/mCTA/RAPID imaging parameters indicate large proximal clot with perfusion mismatch
- Telestroke consultation to review NIHSS, pre-stroke functional ability, CT/mCTA/RAPID imaging & ASPECTS Score

**Criteria for EVT candidacy are changing - requires consultation*

Exclusion Criteria*

No to all Below:

- Serious comorbidity with limited lifespan (e.g., advanced dementia, cancer)
- Complete resolution of neurological signs (TIA)

**Criteria for EVT candidacy are changing - requires consultation*

Step 3: Timeframe Guidelines

- Time from Stroke Onset to Groin Puncture (EVT start) at KGH should be less than 24 hours. Patients will be transferred with EMS emergent transfer as soon as possible.

Step 4: Preparation for EVT Transfer

- Inform KGH Neurologist on Call for Stroke if patient is unstable +/-intubated.
- If patient has received thrombolysis and/or patient is unstable:
 - Arrange RN escort if indicated
 - Obtain medications/interventions that may be required on route.
- Arrange Code 4 Land Ambulance Transfer "**Acute Stroke Protocol**" via dispatch.
- If not already done & waiting for EMS crew (**Never Delay Transfer to Complete**):
 - Draw CBC, lytes, creatinine, INR, PTT, glucose, troponin, β HCG if female patient less than 50 years
 - Start 1 IV of 0.9% NaCl & insert 1 Saline Lock preferably with an 18 Gauge needle in the right antecubital fossa unless contraindicated (If EMS crew on site, check if crew can insert 2 IVs enroute)
 - Remove clothes & send with patient; provide patient with hospital gown
 - Insert foley catheter
- Request 1 family member accompany EMS if possible. If not, obtain family contact number for transport team to inform the Stroke Team at KGH of any family contact details. Instruct family member to stay by the phone and keep line free.
- Transfer with Cardiac Monitor
- Patient Care Lead to call KHSC-KGH Emergency Department (ED) and speak to ED Charge Nurse. Inform them you have a patient that meets the "**Acute Stroke Protocol**" and is being transferred for EVT consideration, inform whether patient has a RN Escort, if intubated or IV meds infusing & the time patient left your ED.
(ED Charge Nurse Phone (613) 549-6666 extension 7003)
- Fax relevant patient information to KGH ED - **FAX to 613-548-2420**