

Stroke Endovascular Thrombectomy (EVT) Protocol

2024/02/06

Quinte Health-Belleville General Hospital Emergency Transfer Guide for EVT

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 "RAPID" CT perfusion imaging.

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

Inclusion Criteria*

Yes to all Below:

- Age 18 years or greater
- Significant disabling deficit
- RAPID imaging parameters indicate large proximal clot with perfusion mismatch
- Telestroke consultation to review NIHSS, pre-stroke functional ability, RAPID imaging and APECTS Score

*Criteria for EVT candidacy are changing - requires consultation

Exclusion Criteria

No to all Below:

- Severe or fatal co-morbid illness
- Recent Intracranial bleed with visible hematoma on CT scan
- Difficult femoral access
- Severe Contrast Allergy

Step 3: Timeframe Guidelines

- Time from Stroke Onset to Groin Puncture (EVT start) at KGH should be less than 24 hours

Aim for the following Time Targets:

- Time from patient arrival in Quinte Health-BGH ED to time patient leaves BGH is less than or equal to 45 minutes
- Time from Quinte Health-BGH RAPID imaging to KGH arrival time is less than 60 minutes

Step 4: Preparation for EVT Transfer

- Confirm from Telestroke Neurologist that clearance was received from KGH Neurologist on Call for Stroke/Stroke EVT Team to proceed with EVT transfer.
- Inform KGH Neurologist on Call for Stroke if patient is unstable +/-intubated.
- If patient has received thrombolysis and/or patient is unstable:
 - Refer to Quinte Health guide to determining need for a nurse escort
 - Arrange RN escort if indicated
 - Obtain EVT transfer kit
- 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, urea, 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
 - 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 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 Nurse 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 including Quinte Health ED Face Sheet - **FAX to 613-548-2420**