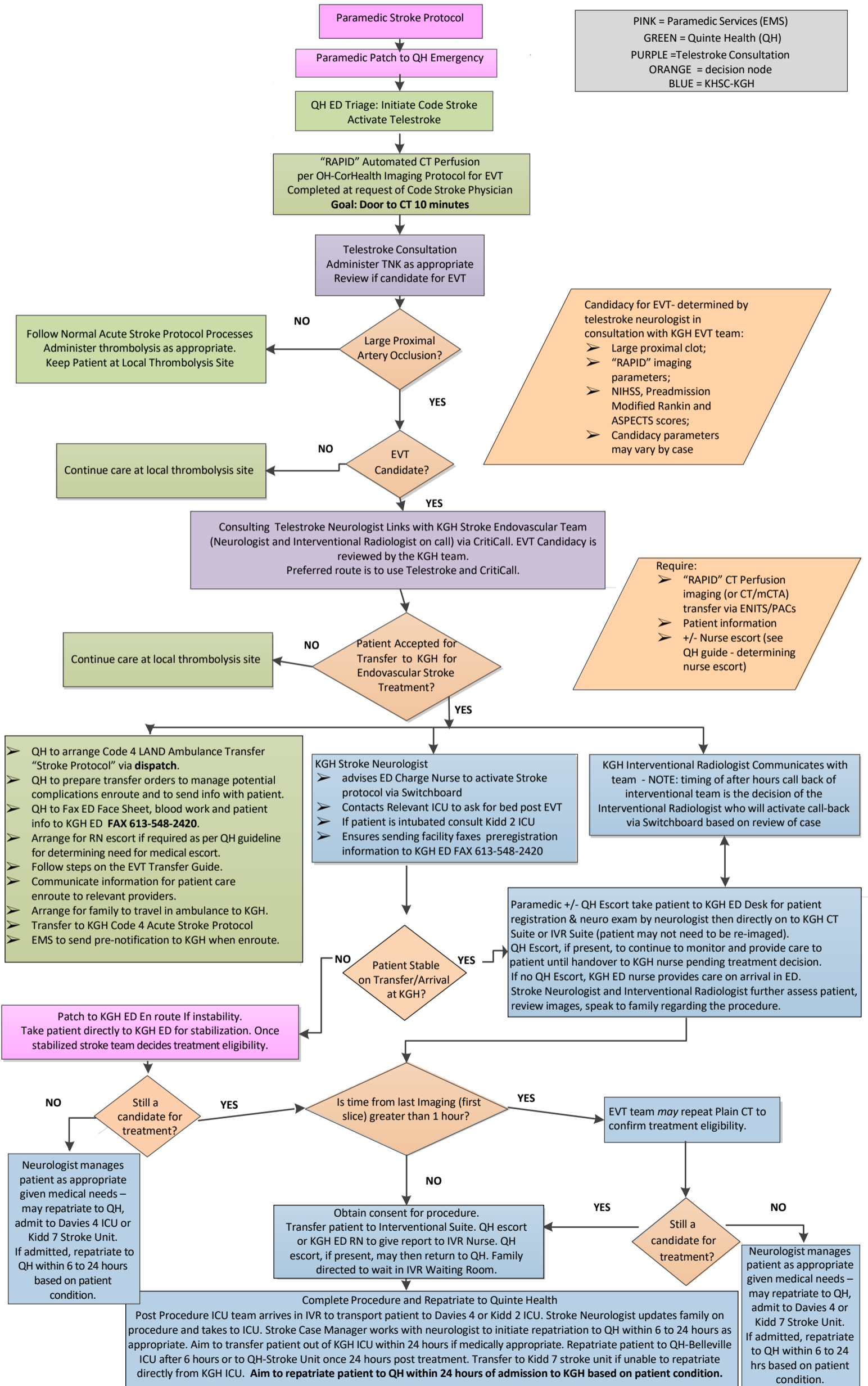


Quinte Health/KHSC Stroke Endovascular Thrombectomy (EVT) Transfer Algorithm

24/7 Service Delivery at KHSC – Kingston General - Original Feb 2018 - Last updated Feb 2024



PINK = Paramedic Services (EMS)
 GREEN = Quinte Health (QH)
 PURPLE = Telestroke Consultation
 ORANGE = decision node
 BLUE = KHSC-KGH

Candidacy for EVT- determined by telestroke neurologist in consultation with KGH EVT team:

- Large proximal clot;
- "RAPID" imaging parameters;
- NIHSS, Preadmission Modified Rankin and ASPECTS scores;
- Candidacy parameters may vary by case

Require:

- "RAPID" CT Perfusion imaging (or CT/mCTA) transfer via ENITS/PACs
- Patient information
- +/- Nurse escort (see QH guide - determining nurse escort)

- QGH to arrange Code 4 LAND Ambulance Transfer "Stroke Protocol" via dispatch.
- QGH to prepare transfer orders to manage potential complications enroute and to send info with patient.
- QGH to Fax ED Face Sheet, blood work and patient info to KGH ED FAX 613-548-2420.
- Arrange for RN escort if required as per QGH guideline for determining need for medical escort.
- Follow steps on the EVT Transfer Guide.
- Communicate information for patient care enroute to relevant providers.
- Arrange for family to travel in ambulance to KGH.
- Transfer to KGH Code 4 Acute Stroke Protocol
- EMS to send pre-notification to KGH when enroute.

KGH Stroke Neurologist

- advises ED Charge Nurse to activate Stroke protocol via Switchboard
- Contacts Relevant ICU to ask for bed post EVT
- If patient is intubated consult Kidd 2 ICU
- Ensures sending facility faxes preregistration information to KGH ED FAX 613-548-2420

KGH Interventional Radiologist Communicates with team - NOTE: timing of after hours call back of interventional team is the decision of the Interventional Radiologist who will activate call-back via Switchboard based on review of case

Paramedic +/- QH Escort take patient to KGH ED Desk for patient registration & neuro exam by neurologist then directly on to KGH CT Suite or IVR Suite (patient may not need to be re-imaged). QH Escort, if present, to continue to monitor and provide care to patient until handover to KGH nurse pending treatment decision. If no QH Escort, KGH ED nurse provides care on arrival in ED. Stroke Neurologist and Interventional Radiologist further assess patient, review images, speak to family regarding the procedure.

Patch to KGH ED En route If instability. Take patient directly to KGH ED for stabilization. Once stabilized stroke team decides treatment eligibility.

Neurologist manages patient as appropriate given medical needs – may repatriate to QH, admit to Davies 4 ICU or Kidd 7 Stroke Unit. If admitted, repatriate to QH within 6 to 24 hours based on patient condition.

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Complete Procedure and Repatriate to Quinte Health
 Post Procedure ICU team arrives in IVR to transport patient to Davies 4 or Kidd 2 ICU. Stroke Neurologist updates family on procedure and takes to ICU. Stroke Case Manager works with neurologist to initiate repatriation to QH within 6 to 24 hours as appropriate. Aim to transfer patient out of KGH ICU within 24 hours if medically appropriate. Repatriate patient to QH-Belleville ICU after 6 hours or to QH-Stroke Unit once 24 hours post treatment. Transfer to Kidd 7 stroke unit if unable to repatriate directly from KGH ICU. **Aim to repatriate patient to QH within 24 hours of admission to KGH based on patient condition.**