

# Stroke Endovascular Thrombectomy (EVT) Protocol

29/09/2017

## QHC-Belleville General Hospital Emergency Transfer Guide for EVT

**Step 1:** Determine if patient is candidate for rt-PA. If yes, then administer rt-PA as per protocol. Determine if patient is potential EVT candidate from Telestroke Neurologist consultation or QHC MRP (if not using Telestroke) after review of Multiphase CT Angiography (Multiphase CTA).

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

### Inclusion Criteria

**Yes to all Below:**

- Age 18 years or greater
- NIH Stroke Scale greater than 5
- Pre stroke functioning independently
- Non Contrast CT with ASPECTS greater than 5
- CTA with Intracranial large proximal artery occlusion in anterior circulation
- Multiphase CTA with moderate to good collaterals

### Exclusion Criteria

**No to all Below:**

- Severe or Fatal co-morbid illness
- Intracranial bleed
- Intracranial or Extra Cranial dissection
- Fibromuscular Dysplasia
- 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 6 hours

**Aim for the following Time Targets:**

- Time from patient arrival in BGH ED to time patient leaves BGH is less than or equal to 45 minutes
- Time from BGH CT (first slice) to KGH arrival time is less than 60 minutes

**Step 4: Preparation for EVT Transfer**

- Confirm from Telestroke Neurologist (or MRP if Telestroke not used) that clearance was received from KGH Neurologist On Call for Stroke to proceed with EVT transfer. Contact KGH Neurologist if patient is unstable +/- intubated.
- If patient is receiving rt-PA and/or patient is unstable:
  - Arrange RN +/- escort
  - Start Drip and Ship Protocol
  - Obtain EVT transfer kit
- Arrange Code 4 Land Ambulance Transfer "Stroke Protocol" via dispatch
- Then notify Hastings-Quinte Paramedic Service Duty Office Superintendent: 613-771-9366 ext 400 then hit "7"
- If not already done & waiting for EMS crew (**Never Delay Transfer to Complete**):
  - Draw CBC, lytes, urea, creatinine, INR, PTT, glucose, troponin,  $\beta$ 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 en route)
  - 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 Ambulance Cardiac Monitor
- Fax relevant patient information to KGH ED including QHC ED Face Sheet - **FAX to 613-548-2420**

**Step 5:**

- Call KGH Emergency Department (ED). Speak to ED Charge Nurse and inform them you have a patient that meets the "EVT Protocol", whether or not on Drip & Ship Protocol with Nurse Escort, & the time patient left ED  
**ED Charge Nurse Phone (613)549-6666 extension 7003**