Acute Stroke Protocol of Southeastern Ontario

Hotel Dieu Hospital

Emergency Transfer Guide for Thrombolytic (rt-PA) Therapy Patients who present with features of an acute ischemic stroke may be eligible

for thrombolytic therapy at Kingston General Hospital.

| Inclusion Criteria Patient must have the acute onset of a new neurological deficit, which by standard clinical criteria is consistent with cerebrovascular disease. A clear and credible time of onset can be established and the patient can reach KGH within <u>3.5 hours</u> of onset*. Stroke on awakening cannot be considered. | Exclusion Criteria Major surgery in past 2 weeks. A known source of recent bleeding. Puncture of a non-compressible artery or biopsy site within 7 days, including lumbar puncture. Serious co-morbidity (e.g., advanced cancer, renal failure, hepatic failure) that would increase bleeding risk or limit effectiveness of outcome. Coma INR > 1.7; Increased PTT; or Platelet Count < 100,000. Dabigatran (Pradax), Apixaban (Eliquis) or Rivaroxaban (Xarelto) taken within last 5 days: contact the Neurologist on call. * Caution if Warfarin taken within 48 hours prior to onset of stroke Significant stroke or head injury in past three months. Rapidly resolving neurologic signs (TIA). |
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| 8. Age < 18 years is NOT a contraindication. | |

Hotel Dieu Hospital will triage, assess and send eligible stroke patients to Kingston General Hospital. At KGH, the Stroke Team will complete the CT scan prior to decision to administering rt-PA.

The following steps are recommended if the patient meets the eligibility criteria:

- Step 1 Arrange for ambulance transfer by informing dispatch that the patient fits "Acute Stroke Protocol"
- Step 2 Call KGH ED. Ask to speak to the Charge Nurse and inform them you are transferring a patient that meets the "Acute Stroke Protocol". KGH will activate the Stroke Team.

Phone (613) 549-6666 ext 7003

When speaking to KGH please report Blood Pressure elevations of systolic >185 and/or diastolic >110 so the Stroke Team can be prepared to treat the BP when the patient arrives in the ED

- Step 3 Time permitting initiate the following:
 - Change patient into a gown (if possible)
 - Start 1 IV (no glucose solutions unless required)
 - 1 saline lock started with an 18 gauge needle in the right antecubital fossa unless contraindicated-site will be used to draw blood
 - ECG
 - CBC, INR, PTT, electrolytes, urea, creatinine, glucose, troponin, pregnancy test (βHCG) if indicated

There should be no delay in the transfer of the patient if the IV is unattainable. Blood work should be sent expediently to the KGH lab or accompany the patient in the ambulance with the appropriate forms and packaging.