

# Acute Stroke Protocol

## HKPR DISTRICT

Emergency Transfer Guide for Thrombolytic (Alteplase) Therapy and/or Endovascular Therapy (EVT)

### Exclusion Criteria

- **Uncorrected airway, breathing or significant circulatory problems**
- **Serious co-morbidity** (e.g. advanced cancer, renal failure, hepatic failure, previously non-ambulatory, ADL dependent, significant dementia)
- **Age < 18** Contact Criticalcall for a pediatric consult.

**Prior Use of Antithrombotic is NOT a contraindication for EVT**

### Inclusion Criteria < 4 hrs

1. Patient is suspected of having an acute ischemic stroke:
  - Symptoms Resolved or Persistent

**AND**

- Onset within < 4 hours

**WITH**

- Unilateral motor weakness (face, arms, and/or legs)
- Speech disturbance
- Hemibody sensory loss/weakness
- Sudden visual field changes
- Sudden lack of coordination and/or ability to judge distance or scale

2. The patient can reach PRHC within 4 hours of onset. Time of onset is the time the patient was last seen normal.
3. Pregnancy is NOT an absolute contraindication

**If the patient meets Inclusion Criteria complete the following steps:**

#### STEP 1

Call dispatch and request urgent hospital transfer. Inform the dispatcher that the patient fits the **"Acute Stroke Protocol"**

#### STEP 2

Call PRHC Emergency Department. Ask to speak to the ED Physician/Charge Nurse and inform them you are transferring an **"Acute Stroke Protocol"**

**Phone 705-876-5022**

When speaking to PRHC please report BP systolic >185 and/or diastolic >110 mmHG so antihypertensive treatment may be implemented in a timely manner.

#### STEP 3

NEVER delay transfer to complete:

- CT Scan
- ECG
- Blood work

It is recommended the patient be transferred with:

- Cardiac Monitor
- Oxygen Therapy
- Large Bore IV (min 18-20 gauge antecubital)

#### STEP 4

Send all relevant patient information to

**PRHC Emergency Department: Fax 705-876-5096**

**PRHC Emergency Physicians are always available for consultation on any patient. Please call 705-876-5022**

### Inclusion Criteria 4-24 hrs (including wake up stroke)

**If patient meets inclusion criteria 0-4 hrs and stable to transport**

**ED Nurse to complete ACT-FAST Stroke Screening**

#### STEP 1

**"ARM"** (One sided arm weakness)

Position both arms at 45° from horizontal with elbows straight.

**Positive Test:** One arm falls completely within 10 sec.

For patients that are uncooperative or cannot follow commands:

**Positive Test:** Witness minimal or no movements in arm and movements in the other arm.

**IF POSITIVE PROCEED**

#### STEP 2

**RIGHT ARM**

**Right Arm** is weak **"CHAT"** (Severe Language Deficit).

**Positive Test:** Mute, speaking incomprehensible or unable to follow simple commands.

**LEFT ARM**

If **Left Arm** is weak **"TAP"** (Gaze and Shoulder Tap) Stand on patient's weak side.

**Positive Test:** Consistent eye gaze away from weak side.

- If unable to determine gaze
- Tap shoulder & call name

**Positive Test:** Does not quickly turn head and eyes to you.

**IF POSITIVE PROCEED**

#### STEP 3

ED Physician to complete **Act FAST EVT Eligibility**

**EVT Eligibility Criteria (all must be met):**

- Deficits are not pre-existing
- Onset < 24hrs or wake up stroke
- Patient living at home independently with only minor assistance
- Other stroke mimics ruled out

#### STEP 4

If EVT Eligibility Criteria are met, activate **Stroke EVT order set**.

ED Physician will contact **Kingston General Hospital (KGH)**

**Neurologist on call for Stroke 613-549-6666**

- If imaging available follow **CT EVT imaging protocol**
- If imaging is **not** available **within 30 minutes**, inform KGH Stroke Neurologist
- **If uncertain about whether patient meets EVT eligibility for transfer, contact neurologist on call for stroke at KGH**

#### STEP 5

**If there is a decision to transfer to KGH:**

- Call Ambulance Dispatch and inform of Acute Stroke Protocol
- Call KGH ED Charge RN 613-549-6666 ext 7003 and inform of **Acute Stroke Protocol ACT-FAST positive**

**Complete the following if time permits (never delay transfer):**

Preferred:

- 1 IV (no glucose solutions unless required)
- 1 saline lock started with an 18 gauge needle in the right antecubital fossa unless contraindicated

Optional if time permits:

- Blood work
- ECG

#### STEP 6

Fax all relevant patient information to **KGH ED 613-548-2420**