

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 Criticall 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
 - 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

Complete ACT-FAST Stroke Screening

STEP 1

RN to complete "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

If **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 and call name

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

IF POSITIVE - NOTIFY ED PHYSICIAN AND PROCEED

STEP 3

ED Physician to complete **Act FAST EVT Eligibility** and **NIHSS Score**

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 follow Stroke EVT order set** and immediately transport to imaging following **CT EVT imaging protocol**

STEP 5

Complete 'Patient Information and Medication' Section of the **Stroke EVT Transfer Communication Form**

STEP 6

ED Physician contacts **CritiCall Ontario** for consultation with **Stroke Endovascular Team**

STEP 7

If patient is accepted as an EVT candidate, ED physician to complete remainder of **Stroke EVT order set** and **Stroke EVT Transfer Communication Form**. CritiCall will facilitate transport.

STEP 8

If clinically unstable, patient shall be accompanied by appropriate staff as per the ordering physician. Please refer to **CorHealth Referral and Transport Process Memo**