EMS Stroke Inter-Facility Transfer Order Set

Patients suffering from stroke may be transferred for a variety of reasons, including specialized care. Transferring physicians are asked to match the patient's needs to the scope of provider and recall that the most critical of patients may require staffing in addition to EMS providers.
The following orders are not intended to supplant all decision making at the time of patient transfer. Instead, these orders are a quick reference for transferring physicians to use and may not meet all of the patients needs. In such circumstances, please include additional, patient specific orders.

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- ☐ Maintain the patient's head of the bed at 30 degrees
- ☐ The patient should be maintained NPO (nothing by mouth) during transfer
- ☐ Maintain the patient on a cardiac monitor
- ☐ Record vital signs every 15 min
- ☐ Notify receiving facility for any change in neurologic status or clinical condition
- ☐ Goal for O2 sat is between 94% - 99%. If above 94%, maintain the patient on room air. Limit O2 use to patients with O2 sats less than 94%.

Blood Pressure Goals
SAH - less than 140/90
ICH - less than 160/100 unless otherwise directed
Ischemic Stroke after TPA - less than 180/105
Ischemic Stroke without TPA - less than 220/120

Discuss BP management orders with sending physician
Options for management of hypertension:

- ☐ Labetalol 5-10 mg IV Q 5 min up to 2 doses (if patient bradycardia or with bronchospasm proceed straight to Nicardipine)
- ☐ Nicardipine drip - Starting dose _____mg/hr. Increase by 2.5 mg/hr every 5 min to a max dose of 15 mg/hr until BP goals are met

- ☐ Follow Maine EMS protocols and provide fluid boluses of Normal Saline as needed for worsening neurologic symptoms associated with either absolute or relative hypotension.
- ☐ Maintenence Fluids with Normal Saline at _____ ml/hour
- ☐ If patient with either hyperglycemia or hypoglycemia pre-transfer, please check the patients blood glucose once en route and then each hour if applicable. Also, recheck blood glucose if the patient develops a change in mental status.

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- ☐ Hyperglycemia Orders (if present and managed pre-transfer):
- ☐ If patient is sent with tPA running and neurologic condition worsens (HA, nausea/vomiting, overt bleeding) - stop tPA. Recall, patients with tPA running are considered SCT transports and require additional staff beyond EMS, typically nursing from the sending facility.

Up to 5% of patients receiving TPA develop anaphylactic symptoms. If patient develops signs of angioedema with facial or tongue swelling, **STOP THE INFUSION** and:

- ☐ Diphenhydramine 50 mg IV x 1
- ☐ Dexamethasone 10 mg IV x 1
- ☐ Use epinephrine per Maine EMS protocols *only if airway compromise is evident*.

Note: Unlike anaphylactic reactions, epinephrine may not be first line and should be used cautiously as epinephrine may increase BP and therefore risk of intracranial hemorrhage

PLEASE CALL ENDOVASCULAR CENTER 30 MINUTES PRIOR TO ARRIVAL

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Physician Signature Date/Time