

*NOTE: The electronic version of this document or form is the latest and only acceptable version.
You are responsible for ensuring any printing of this document is identical to the e-version.*

TRANSFER CODE IR QUICK INFORMATION GUIDE

Intent of this document:

Identify necessary information pertinent to expediting the Transfer Code IR patient through the process upon arrival at Swedish Cherry Hill (CH) campus. Time is Brain! Please have as much of this information prepared as possible when sending patients to help facilitate expedient treatment — goal for CH arrival to puncture is within 60 minutes.

- ☐ Essential Transfer Code IR documents included in this fax transmission from the Swedish Transfer and Operations Center (STOC):
 1. **Transfer Code IR Report Form** – this is the nursing report you provide to Swedish
 2. **Interfacility Transport Order Set** – this is to ensure the Critical Care Transport crew is safely monitoring and managing the patient during transport.
- ☐ Documents required to be completed and faxed back to **STOC at 206-386-2435**:

Goal – return these completed documents within **10 minutes** of receiving:

 1. **Face sheet** (from your ED encounter)
 2. **Transfer Code IR Report Form**
- ☐ Call for Critical Care transport, priority, lights and sirens, to Swedish Cherry Hill ED STAT.
- ☐ Complete additional imaging as directed by consulting neurologist; do not delay transport for imaging.
- ☐ ED provider to complete and sign Interfacility Transport Order Set. RN to ensure order set provided to the Critical Care Transport Team upon departure.
- ☐ Discharge patient in Epic, if applicable.

PRMCE / SWEDISH TRANSFER CODE IR REPORT FORM

Fax this sheet to the Puget Sound Staffing, Transfer, & Operations Center
(PS STOC) at 206-386-2435 and send with patient.

Patient name: _____ Date of birth: _____ Gender: _____

Responsible party contact name and phone number: _____

Current Living Situation: ☐ Home ☐ SNF ☐ Assisted Living ☐ Rehab ☐ Homeless ☐ Other: _____

Allergies: _____

Home medications (especially anticoagulants): _____

Pertinent past medical history: _____

PRESENTATION

Last known well date/time: _____

Presenting symptoms: _____

Arrival NIHSS: _____ Current NIHSS: _____

Current neuro deficits / BE FAST symptoms: _____

Alert: ☐ Y ☐ N Oriented to: ☐ Person ☐ Place ☐ Time ☐ Situation ☐ NA Follows commands: ☐ Y ☐ N

DATA

Intubated: : ☐ Y ☐ N

Labs: INR: _____ Creatinine: _____ Glucose: _____ Cardiac rhythm: _____

Vital signs range: BP: _____ HR: _____ RR: _____ SpO2: _____ Oxygen: _____ L Temp: _____

Imaging completed: ☐ CT ☐ CTA ☐ CT Perfusion ☐ MRI ☐ MRA

Occlusion site, if known: ☐ Left ☐ Right Site: ☐ MCA ☐ ACA ☐ PCA ☐ ICA ☐ Basilar

INTERVENTIONS

IV Thrombolytic given:

☐ YES: ☐ alteplase or ☐ tenecteplase Date/time of bolus: _____

☐ NO, reason for exclusion: _____

Medications given: _____

Current IV lines (request one 20G or larger in AC – required for CTP): _____

Date/time of transfer or expected time of transfer: _____

Transport type: ☐ Critical Care ambulance ☐ Air transport

RN name/date/time: _____ Call back phone number: _____

Expedite critical care transport and send a copy of the records with the patient.

For LVOs, patients should be transferred with HOB as flat as tolerated.

Interfacility Transport Order Set for EMERGENT TRANSFER OF STROKE PATIENT

Diagnosis: _____ Resuscitation status: ☐ Full ☐ DNR ☐ Other, please document: _____

ALLERGIES: ☐ NKDA ☐ Other, please document: _____

Transport Method: Patients requiring transport to a higher level of care are to be transported via Critical Care Transport.

The following selected protocol is to be followed during transport:

Ischemic Stroke with Thrombolytics	General: <input checked="" type="checkbox"/> Maintain strict NPO <input checked="" type="checkbox"/> Maintain HOB at 15 degrees elevation <input checked="" type="checkbox"/> Oxygen to maintain SpO2 greater than 94%		Vital Signs (BP, HR, RR and SpO2 at a minimum): <input checked="" type="checkbox"/> Place patient on continuous cardiac monitoring <input checked="" type="checkbox"/> Vital signs and neuro checks every 15 min during transport or more frequently as needed	
	Medications: <input type="checkbox"/> If SBP greater than 180mmHg and/or DBP greater than 105mmHg:			
	Pulse greater than 60 • Give labetalol 10mg IV x 1, if unsuccessful may repeat at 20mg x 1 after 10 minutes • If 2 elevated readings, call sending facility LIP		Pulse less than 60 • Give hydralazine 10mg IV x 1, if unsuccessful may repeat x 1 after 10 minutes • If 2 elevated readings, call sending facility LIP	
	Patients on IV Nicardipine drip (5-15 mg/hr): • Continue current Nicardipine infusion at rate: _____ mg/hr • Titrate to maintain SBP 100-180mmHg and/or DBP 40-105mmHg			
	Tenecteplase bolus at (date)_____ (time)_____. (Not compatible with dextrose) OR <input type="checkbox"/> Alteplase infusion began at (date)_____ (time)_____, total infusion time 1 hour. • Once alteplase infusion completes, hang IV Normal Saline at existing alteplase rate with existing tubing to infuse remaining alteplase Call sending facility LIP if the patient develops the following symptoms: worsening LOC, behavioral changes, severe headache, acute hypertension, nausea and vomiting, and/or active bleeding			
	Potential Complications – for patients experiencing any of the following, follow the appropriate protocol as outlined and document in EMS Runsheet:			
Hypotension (SBP less than 100mmHg and/or DBP less than 40mmHg): • HOB Flat • D/C any antihypertensive drips • Administer 500mL Normal Saline fluid bolus at 125mL/hr • If major bleeding suspected, STOP alteplase if still infusing • Notify sending facility LIP Hypertension (SBP greater than 180mmHg and/or DBP greater than 105mmHg): • Treat per protocol listed above Angioedema and/or tongue swelling: • STOP alteplase if still infusing • HOB 30-45 degrees • Change IV tubing and infuse 500mL NS at 125mL/hr • SoluMedrol 125 mg IV x 1 • Benadryl 25-50 mg IV x 1 • Pepcid 20 mg IV x 1 Anaphylaxis with wheezing and/or hypotension (SBP less than 100): • STOP alteplase if still infusing • HOB 30-45 degrees • Change IV tubing and infuse 500mL NS over 15 min • Epinephrine (1mg/mL) 0.3 mg IM x 1 • Notify sending facility LIP		Nausea and Vomiting: • STOP alteplase if still infusing • HOB 30-45 degree • Change IV tubing and infuse 500mL NS at 125mL/hr • Medication protocol for nausea/vomiting 1. Zofran 4 mg IV x 1 2. If Zofran ineffective, Compazine 5-10 mg IV x 1 3. If Zofran/Compazine ineffective, Reglan 5-10 mg IV x 1 • Notify sending facility LIP Bleeding: • Apply direct pressure • Infuse 500mL NS 125 mL/hr • Notify sending facility LIP Neurologic Deterioration: • Assess Circulation, Airway, Breathing (CAB) • Obtain full set of vitals and neurological check • Check blood glucose and treat if <u>less than</u> 50 mg/dl: 1. Dextrose 50% (12.5-25 gms IV), may repeat PRN 2. Repeat blood glucose after administration • Notify sending facility LIP		

CONTACT SENDING FACILITY FOR QUESTIONS

LIP Name: _____ Phone #: _____

DATE: _____ TIME: _____

PATIENT LABEL



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Interfacility Transport Order Set for EMERGENT TRANSFER OF STROKE PATIENT

Hemorrhagic Stroke (ICH, SAH, SDH, or EDH)	General: Maintain strict NPO Maintain HOB at 30 degrees elevation Oxygen to maintain SpO2 greater than 94%	Vital Signs (BP, HR, RR and SpO2 at a minimum): Place patient on continuous cardiac monitoring <input checked="" type="checkbox"/> Vital signs and neuro checks every 15 min during transport or more frequently as needed
	Medications: If SBP is greater than 160mmHg and/or DBP greater than 90mmHg: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Pulse <u>greater than 60</u> <ul style="list-style-type: none"> • Give labetalol 10mg IV x 1, if unsuccessful may repeat at 20mg x 1 after 10 minutes • If 2 elevated readings, call sending facility LIP </div> <div style="width: 48%;"> Pulse <u>less than 60</u> <ul style="list-style-type: none"> • Give hydralazine 10mg IV x 1, if unsuccessful may repeat x 1 after 10 minutes • If 2 elevated readings, call sending facility LIP </div> </div> Patients on IV Nicardipine drip (5-15 mg/hr): <ul style="list-style-type: none"> • Continue current Nicardipine infusion at rate: _____ mg/hr. • Titrate to maintain SBP 100-140mmHg and/or DBP 40-90mmHg 	
Ischemic Stroke without Thrombolytics	General: <input checked="" type="checkbox"/> Maintain strict NPO Maintain HOB at 15 degrees elevation Oxygen to maintain SpO2 greater than 94%	Vital Signs (BP, HR, RR and SpO2 at a minimum): <input checked="" type="checkbox"/> Place patient on continuous cardiac monitoring Vital signs and neuro checks every 15 min during transport or more frequently as needed
	Medications: <input type="checkbox"/> If SBP greater than 220 and/or DBP greater than 120: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Pulse <u>greater than 60</u> <ul style="list-style-type: none"> • Give labetalol 10mg IV x 1, if unsuccessful may repeat at 20mg x 1 after 10 minutes • If 2 elevated readings, call sending facility LIP </div> <div style="width: 48%;"> Pulse <u>less than 60</u> <ul style="list-style-type: none"> • Give hydralazine 10mg IV x 1, if unsuccessful may repeat x 1 after 10 minutes • If 2 elevated readings, call sending facility LIP </div> </div> <input type="checkbox"/> Patients on IV Nicardipine drip (5-15 mg/hr): <ul style="list-style-type: none"> • Continue current Nicardipine infusion at rate: _____ mg/hr • Titrate to maintain SBP 100-220 and/or DBP 40-120 	
Ischemic Stroke With Large Vessel Occlusion	General: <input checked="" type="checkbox"/> Maintain strict NPO <input checked="" type="checkbox"/> Maintain HOB as flat as tolerated <input checked="" type="checkbox"/> Oxygen to maintain SpO2 greater than 94%	Vital Signs (BP, HR, RR and SpO2 at a minimum): <input checked="" type="checkbox"/> Place patient on continuous cardiac monitoring <input checked="" type="checkbox"/> Vital signs and neuro checks every 15 min during transport or more frequently as needed
	Medications: <input type="checkbox"/> If SBP is greater than 220mmHg and/or DBP greater than 120mmHg: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Pulse <u>greater than 60</u> <ul style="list-style-type: none"> • Give labetalol 10mg IV x 1, if unsuccessful may repeat at 20mg x 1 after 10 minutes • If 2 elevated readings, call sending facility LIP </div> <div style="width: 48%;"> Pulse <u>less than 60</u> <ul style="list-style-type: none"> • Give hydralazine 10mg IV x 1, if unsuccessful may repeat x 1 after 10 minutes • If 2 elevated readings, call sending facility LIP </div> </div> <input type="checkbox"/> Patients on IV Nicardipine drip (5-15 mg/hr): <ul style="list-style-type: none"> • Continue current Nicardipine infusion at rate: _____ mg/hr. • Titrate to maintain SBP 100-140mmHg and/or DBP 40-90mmHg 	

For all patients:

- ☒ Provide sending facility records and transport run sheets to receiving care team
- ☒ Contact receiving ED for approximately 15 min prior to arrival for all patients transferred for thrombectomy

CONTACT SENDING FACILITY FOR QUESTIONS

LIP Name: _____	Phone #: _____
DATE: _____	TIME: _____

PATIENT LABEL

