

**DHMC-INTERHOSPITAL “DRIP AND SHIP”  
ISCHEMIC STROKE ALGORITHM**

**Goal of algorithm:** To improve access to acute therapies and subspecialty care, and to facilitate efficient and appropriate inter-facility transfer for patients with acute ischemic stroke.

- I. Local EMS Transport of patients with suspected stroke** (See NH EMS Protocol)
- II. Initial Care in \_\_\_\_\_ ED**
  - A. Evaluation & Stabilization of Patient (see tpa Order Set)
- III. Determination of Treatment Options**
  - A. Review IV t-pa Eligibility Criteria (see tpa Order Set)
  - B. If potentially eligible for IV tpa:
    1. Contact Neurology Resident by calling (603) 650-5000. Ask operator to page the Neurology Resident covering the ED and include the following text with the callback number: “possible tpa candidate at \_\_\_\_\_.” The Neurology Attending may be paged if the Resident does not return the call in 2 minutes.
    2. Minimum information to share: Physician name and callback number, symptoms, estimated weight in kg, time last normal, exam findings, lab results (CBC, glucose, INR if on Warfarin, PTT if exposed to heparin), CT findings, possible exclusion issues, family member or proxy name and contact number
    3. Have adequate dose of tpa at bedside (UNOPENED)
    4. Determine eligibility for IV tpa
      - a. If eligible, the Neurology resident calls the Neurology Attending, who then calls the \_\_\_\_\_ ED physician and makes the final decision regarding treatment. The Resident contacts the ACOS (ext. 5-5152 or page 5152) and confirms ability to accept patient to DHMC ED, and makes return call to \_\_\_\_\_ ED. If ICU bed will clearly be needed (e.g. mechanical ventilation), DHMC Neurology Resident and the ACOS will also contact the Critical Care Fellow (pager 2419). \_\_\_\_\_ begins administration of tpa and arranges transfer to DHMC ED using most appropriate mode of transport and availability of staff for transport. DHART (ground or air) is available to assist at: 1-800-650-3222 (or from DHMC ext. 5-4600).
      - b. If not eligible for IV tpa, eligibility for other therapies including IA (intra-arterial) thrombolysis (usually a 6 hour window), endovascular embolectomy (usually an 8 hour window) are considered.
    5. If patient not to be transferred at that time, discuss contingency plan for transfer at a later date, or evaluation in the DHMC Urgent Clinic or Stroke Clinic.
- IV. Administration of IV t-pa** (see tpa Order Set)
- V. Post t-pa Care at Weeks and during transfer** (see tpa Order Set)
- VI. DHMC provides feedback to \_\_\_\_\_ ED regarding outcome**
- VII. Algorithm modified based on performance and future treatment options**