



Northern Virginia  
Post IV Alteplase Inter-Facility Transfer Form

Version 1-2020  
Updated: 9/28/2020

Transferring Hospital: \_\_\_\_\_

Receiving Hospital: \_\_\_\_\_

Family Contact Name: \_\_\_\_\_

Family Contact Number: \_\_\_\_\_

Receiving Physician: \_\_\_\_\_

Physician Contact Number: \_\_\_\_\_

All questions regarding patient care must be referred to the receiving physician.

**Prior to Departure**

To be completed by ED staff and transferring paramedic

- Transferring RN to complete "IV Alteplase Administration" section on page 2
- Provide transport team with 50 mL 0.9% NS if IV Alteplase continuous infusion is still running
- Verify BP < 180/105 – sending facility must stabilize prior to transferring patient
- Perform and document neurological exam to establish baseline neurological status
- If IV pump tubing is not compatible with transport pump - add extension tubing with a cartridge adaptable to transport pump (if available)
- Ensure that no providers are in patient's chart after leaving facility** to prevent chart locking and delay in treatment upon arrival to receiving facility

**During Transport**

- Replace IV Alteplase bottle with 50 mL 0.9% NS when infusion is complete and before pump alarms "air in line" or "no flow above"
- Infuse normal saline at the same rate that IV Alteplase was infusing
- Continuous cardiac monitoring
  - Notify receiving hospital physician if hemodynamically unstable or symptomatic from tachycardia or bradycardia
- Continuous pulse oximetry monitoring
  - Maintain O2 sat >96%, apply oxygen as needed
- Maintain NPO including medications
- Perform and document vital signs and MEND Exam every 15 minutes**
- Avoid venipuncture or other invasive procedures unless absolutely necessary

**Blood Pressure Management**

- Maintain SBP < 180 and DBP < 105
  - Labetalol 10 mg IV push every 15 minutes (to a max of 3 doses) until SBP < 180 and DBP < 105. Hold for HR < 60 BPM
  - IV Nicardipine (0.1 mg/mL) infusion (*provided by hospital*) Increase dose by 2.5mg/hr every 5 mins (to max of 15mg/hr) until SBP < 180 and DBP < 105
  - If max dose of medication reached and BP remains above goal, stop IV Alteplase and call receiving physician for further instructions

**Complication Management**

- Monitor for acute changes in neurological condition or severe headache, acute hypertension, nausea, or vomiting
  - Stop IV Alteplase infusion
  - Notify receiving hospital physician
  - Continue to perform and document vital signs and neurological exam every 15 mins
- Monitor for signs of allergic reaction – mouth/throat swelling, difficulty breathing
  - Stop IV Alteplase infusion
  - Monitor airway and treat allergic reaction according to agency protocol
  - Notify receiving hospital physician
- Monitor for signs of bleeding or hematomas at infusion/puncture sites or in urine or emesis

**Additional Instructions**

\_\_\_\_\_  
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NOTE: Leave copy of ePCR, EKG strips, and serial vital signs/neuro checks with RN at receiving hospital

Transferring Hospital - Patient Label
Affix Label Here

