

Stroke Transfer

History

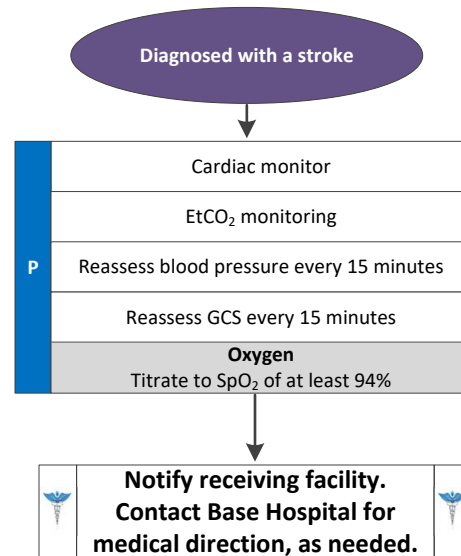
- Previous stroke or TIA
- Previous cardiac or vascular surgery
- Associated diseases (diabetes, hypertension, CAD)
- Atrial fibrillation
- Medications (blood thinners)
- History of trauma

Signs and Symptoms

- Altered mental status
- Weakness or paralysis
- Blindness or other sensory loss
- Aphasia or dysarthria
- Syncope
- Vertigo or dizziness
- Vomiting
- Headache
- Seizure
- Respiratory pattern change
- Hypertension/hypotension

Differential

- See Altered Mental Status
- TIA
- Seizure
- Todd's paralysis
- Hypoglycemia
- Stroke
 - Thrombotic or embolic (~85%)
 - Hemorrhagic (~15%)
- Tumor
- Trauma
- Dialysis or renal failure



- Approved
Stroke Receiving Centers**
- John Muir – Concord
 - John Muir – Walnut Creek
 - Kaiser – Antioch
 - Kaiser – Richmond
 - Kaiser – Walnut Creek
 - San Ramon Regional
 - Eden – Castro Valley
 - Kaiser – Oakland
 - Kaiser – Vallejo
 - Marin General
 - Summit – Oakland
 - Sutter – Solano

Interfacility Transfer Treatment Guidelines

Pearls

- Stroke patients who are transferred may have already received thrombolytic therapy or may not have qualified for thrombolytics based on the length of time from stroke onset or other medical contraindications.
- Ongoing administration of thrombolytic therapy requires additional qualified staff (nurse or physician) for transport.
- Thrombolytic therapy in stroke patients is associated with around a 6% incidence of symptomatic intracerebral hemorrhage, and around 1% of serious hemorrhage elsewhere.
- Close monitoring of stroke patients is important. Significant changes in patient vital signs or GCS during transport should be reported immediately to receiving facility staff as it may affect immediate treatment:
 - Hypotension may occur because of external or internal hemorrhage.
 - Hypertension may be related to an acute intracranial process or underlying disease.
 - Respiratory depression or airway compromise may occur due to stroke or intracerebral hemorrhage.
 - Decreasing level of consciousness may occur due to stroke or intracerebral hemorrhage.
- Cardiac dysrhythmias may occur in stroke patients.
- Observe for external hemorrhage in patients who have received thrombolytic therapy. Place direct pressure if hemorrhage is noted.

