



Advisory 19-07 Patients Receiving Thrombolytics

To: All EMS Agencies

From: Jeremy T. Cushman, MD, MS, EMT-P, FACEP, FAEMS *J. Cushman*
Regional Medical Director

Date: May 31, 2019

At their February 18, 2019 meeting, the REMAC approved the following policies for providers and agencies within the MLREMS region enabling a paramedic instead of a Specialty Care Transport paramedic to transport a patient receiving thrombolytics. The intent of this change is to reduce interfacility transport delays for patients receiving thrombolytics for stroke or myocardial infarction.

- Paramedic Transport of Patients Receiving Thrombolytics
- Post Thrombolytic Administration

As referenced in the Paramedic Transport of Patients Receiving Thrombolytics policy, a provider must complete training on the maintenance of thrombolytics, which the Division of Prehospital Medicine has developed, prior to any non-SCT paramedic initiating the transport of these patients. The course entitled 'Transporting Patients Receiving Thrombolytics' can be found in the Cypherworx LMS platform <https://collabornation.net/login/urdpm> and meets the regional training requirements listed.

Additionally, the non-SCT paramedic will be required to meet any additional agency-specific training which must include, at a minimum, training on the smart pump(s) being used either by the sending facility, the EMS agency, or both.

With any questions, please do not hesitate to contact this office.

web www.mlrems.org
phone (585) 463-2900
fax (585) 473-3516

office
44 Celebration Drive, Suite 2100
Rochester, NY 14620

mailing
601 Elmwood Avenue, Box 655
Rochester, NY 14642



PARAMEDIC TRANSPORT OF PATIENTS RECEIVING THROMBOLYTICS

PURPOSE

Rapid administration of thrombolytics (e.g. alteplase, tenecteplase) is indicated for the treatment of STEMI, massive pulmonary embolism (PE) and acute stroke and has been shown to improve patient outcomes. With advances in both cardiac and neurologic care, many of these patients are transferred to a tertiary care cardiac and stroke hospital for additional interventions. A known barrier to timely transfer has been the availability of EMS units capable of managing the patient receiving thrombolytics (e.g. alteplase) during transfer. This policy is established to reduce barriers to timely interfacility transfer of stable patients receiving thrombolytics.

POLICY

Patients being transferred from a facility at which thrombolytics were begun, to a tertiary care facility that specializes in cardiac or stroke care, may be transferred by any NYS Certified Paramedic provided the patient does not require any other medications requiring Specialty Care Transport (SCT) pursuant to regional policy. Specifically, the patient may not be on any vasoactive drip (nicardipine, nitroglycerin, nitroprusside, esmolol, labetalol etc.) nor be on mechanical ventilation, which will still require an SCT Paramedic in attendance.

Paramedics attending to a patient receiving thrombolytics will refer to the attached care protocol.

Prior to transporting patients receiving thrombolytics, a paramedic must satisfactorily complete training on the maintenance of thrombolytics developed by the Regional Program Agency which will include, at a minimum, thrombolytic mechanism of action, indications, contraindications, side effects and adverse events, interactions, complications, steps to take if an adverse event or reaction is noted, and training on the NIH Stroke Scale (NIHSS). Additionally, the paramedic will be required to meet any additional agency-specific training which will include, at a minimum, training on the smart pump(s) being used either by the sending facility, the EMS agency, or both. It is the responsibility of the transporting agency to track its providers' ability to transport thrombolytics.

Any agency that chooses to utilize non-SCT paramedics to transport patients with thrombolytics will be required to have in place a written process for determining the parameters in which a non-SCT, but thrombolytic-trained paramedic will be used.



POST THROMBOLYTIC ADMINISTRATION

INDICATIONS

Patients who, while being transferred to a higher level of care, are receiving alteplase (tPA) for the treatment of an acute ST–Segment Myocardial Infarction, Pulmonary Embolism (PE) or Stroke.

INCLUSION CRITERIA

A non-Specialty Care Transport (SCT) Paramedic with agency credentialing to maintain a patient on an alteplase infusion may transport provided the patient has:

- Systolic BP between 110-175 mmHg
- Diastolic BP between 60-105 mmHg
- Heart Rate between 50-120
- Oxygen saturation > 92% on NC
- No other medications or devices that require SCT transport by regional or agency policy.

MANAGEMENT GOALS

- Provide for patient comfort and safety
- Ensure completion of thrombolytic medication
- Close and frequent monitoring of patients physical and neurologic condition
- Accurate documentation of NIHSS exam throughout the transport

CARE GUIDELINES

1. Confirm tPA dose and pump settings
2. Monitor patient's vital signs and neurologic exam (i.e. NIHSS) at a minimum of every 15 minutes during the alteplase infusion as well as after the infusion during transport.
 - a. If the patient's neurologic exam decompensates, stop the alteplase infusion and contact Online Medical Control.
 - b. Infusion should not be restarted until evaluated by the receiving facility.
3. Monitor for hemorrhage
 - a. Bleeding from gums, venipuncture sites, hematuria, hemoptysis, hematomas, ecchymosis in the absence of hemodynamic instability requires contact with Online Medical Control and consideration of stopping the alteplase infusion.
4. Monitor patient's vitals every 15 minutes with special attention to blood pressure. Any systolic >185 mmHg or diastolic >110 mmHg requires contact with Online Medical Control.