



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.

Approved by the Monroe-Livingston REMAC 2/18/2019