Assess for eligibility for thrombolysis

ICP	Airway management per CMG 3 Do not hyperventilate – aim for $EtCO_2$ 27 – 40mmHg	**AP**
ICP	Posture for patient comfort	**AP**
ICP	Check BGL Treat hypoglycaemia cautiously – avoid hyperglycaemia	**AP**
ICP	Treat hypotension as per CMG 14 (aim for systolic BP >100mmHg)	**AP**
ICP	Complete CRESST stroke screening tool early, and advise relevant stroke team if eligible	**AP**
ICP	12-lead ECG (do not delay transport for this)	**AP**
ICP	Minimise scene time	**AP**
ICP	Notify hospital early (including thrombolysis eligibility), and promptly transport to the nearest hospital	**AP**

ELIGIBILITY FOR THROMBOLYSIS PRE-NOTIFICATION

1. age ≥18 years
2. normal (or corrected) BGL (≥ 4mMol/L)
3. definite known time of onset< 4.5 hours from time of assessment (if not seen or patient woke with symptoms, time of onset was when they were last seen asymptomatic)
4. not requiring high-level nursing home care
5. not terminally ill, nor permanently bed-ridden
6. CRESST stroke screening tool score ≥ 4

IF ELIGIBLE FOR THROMBOLYSIS PRE-NOTIFICATION:

- absolute minimum scene time consistent with complete assessment, including stroke screen and discussion with stroke team
- avoid analgesia or sedation in patients eligible for thrombolysis unless strongly indicated
- ECG monitoring is mandatory; report any occurrence of AF on hospital notification even if transient
- wherever possible, transport a friend or relative who can verify onset time (at a minimum, record and handover a mobile phone number)
- If confident of success on first attempt, place 18g IVC in the ACF of the unaffected arm. If not confident of success with 1 attempt, withhold cannulation for patients eligible for thrombolysis
- radio notification to ED en route with ETA
- on arrival at Calvary, patient to remain on ambulance stretcher for imaging and decision regarding clot retrieval. Contact Comms and DOO if no decision 20 minutes after arrival. Normal offload at TCH.