Immediate Post–Mechanical Thrombectomy (MT) Transfer

Recovery Ward → Referring Hospital

1. Transfer eligibility check (ALL must be met)

Neurological stability

- ☐ NIHSS documented post-procedure
- ☐ No further neurological deterioration in recovery
- ☐ GCS ≥10 or at baseline

Haemodynamic and respiratory stability

- ☐ Blood pressure within agreed post-MT target
- ☐ No IV antihypertensive infusion running
- ☐ NEWS score less than 4 and not scoring 3 in any single parameter
- ☐ No post-procedure anaesthetic concerns

Access site

- ☐ Femoral/arterial puncture site stable
- ☐ No active bleeding or expanding haematoma
- ☐ Lower limb pulse (upper limb if radial access) present on operative side

Consultant review

- ☐ Consultant decision documented to transfer prior to routine 24-hour imaging

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2. Pre-transfer checklist (mandatory)

- ☐ Stroke / Neurointerventional consultant approval documented
- ☐ Acceptance confirmed by referring stroke unit
- ☐ Named receiving consultant documented
- ☐ Ambulance transfer booked as a HDU transfer book under “mutual aid” from theatre
- ☐ Minimum one patent intravenous cannula in situ
- ☐ Blood pressure targets clearly documented
- ☐ Relevant documentation prepared to accompany patient – MT notes and stroke review notes to accompany patient.
- ☐ Next of kin to be updated by INR or stroke doctor
- ☐ Please consider non contrast-CT head prior to repatriation to external stroke centre.

  This is recommended as urgent if:

  - NIHSS has increased post-procedure
  - Other concern indicating repeat imaging
  - NIHSS remains greater than 15*****
  - There is a decrease in the level of consciousness to a score of 1 on item 1a of the NIHSS*

Consider the following **contraindications:**

1. The following patients are excluded from this pathway and are to be admitted at CSC:
   - Contrast extravasation during procedure or features suggestive of haemorrhage
   - Stent deployed during mechanical thrombectomy
   - Early groin haematoma
   - Patients requiring intravenous medication e.g. Labetalol (IV fluids OK)
2. Patients enrolled in relevant research trials may require management that falls outside of this protocol.

***** These clinical findings and an infarct volume of at least 50% of the MCA territory (or >145ml on MRI DWI) could indicate malignant MCA syndrome. Please consider whether neurosurgical opinion appropriate prior to transfer to a non-neurosurgical-capable centre. If neurosurgery is not expected to be required soon and they are safe to repatriate, but there remains unknown risk of requirement neurosurgery in the next few days, please hand over explicit advice to the non-neurosurgical-capable centre.