

SAEMS PREHOSPITAL PROTOCOLS

Stroke Triage Protocol

- I. INCLUSION CRITERIA
Patient with all the below should be transported to the closest Stroke Center (Primary, Comprehensive or Thrombectomy-Capable):
 - A. Patients with suspected stroke
 - B. Positive prehospital stroke screen
 - C. New symptoms for <24 hours
- II. TREATMENT FOR SUSPECTED STROKE
 - A. Interview witnesses and obtain phone number.
 - B. Treatment for suspected stroke should be provided to patients per local protocols.
 - C. Obtaining IV access with a large bore IV can help to improve door to CT times
- III. REDUCE DELAYS IN DEFINITIVE TREATMENT
 - A. Provide STROKE ALERT for all patients included above
 - B. Provide accurate ETA and last known well (LKW) time
 - C. Provide direct communication with receiving facility for patients with significantly altered mental status or concerns for airway compromise.
- IV. TRANSPORTATION DESTINATION
 - A. If symptom onset/last known well is less than 4 hours
 1. Transport to nearest Stroke Center (Primary, Comprehensive, Thrombectomy-Capable, or Primary Plus Stroke Center).
 2. In outlying areas with a transport interval of greater than 30 minutes to a Primary Stroke Center, Comprehensive Stroke Center, Thrombectomy Capable Stroke Center, or Primary Plus Stroke Center, transport patient to the closest facility (such as Acute Stroke Ready Hospital) or consider air transport
 - B. If symptom onset/last known well is greater than 4 hours (i.e. “wake-up” strokes)
 1. Assess for unilateral motor weakness for 10 seconds. If weakness present, perform screening for Large Vessel Occlusion (LVO); if LVO screening positive, transport patient to nearest Comprehensive Stroke Center, Thrombectomy Capable Stroke Center or Primary Plus Stroke Center with 24/7 thrombectomy capabilities.
 2. If LVO screen is negative, transport to nearest stroke center (Primary, Comprehensive, Thrombectomy-Capable, or Primary Plus Stroke Center).
 - 3.
- V. FACILITY RECOGNITION
 - A. Healthcare facilities must be certified as a Primary Stroke Center, Comprehensive Stroke Center, Thrombectomy Capable Center or Primary Plus Stroke Center Designation to be considered as a primary destination for EMS patients with

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stroke for the region. They must also maintain 24/7 capabilities to provide services per accreditation level.

- B. If a healthcare facility is not able to provide stroke coverage for any period, this incidence shall be reflected on EMRESOURCE.
- C. If a healthcare facility fails to keep reliable service per accreditation level, the SAEMS Regional Council reserves the right to remove them from the list of destinations for EMS Stroke Triage. The following are the criteria for automatic removal from the SAEMS Stroke Triage destination list.
 - 1. If there are more than 7 instances of stroke divert for any reason, over the course of a 14-day period, or
 - 2. If there are more than 20 instances of Stroke divert in a 60-day period
 - 3. If a facility loses its accreditation as a Primary Stroke Center Comprehensive Stroke Center, Thrombectomy Capable Center or Primary Plus Stroke Center
- D. To regain position on the list, the receiving facility Emergency Department Director of the receiving facility will need to provide documentation to the SAEMS Executive Director and SAEMS Regional Council that they have regained their credentialing (if lost) or have adequately addressed issues with lack of coverage and are able to maintain reliable 24/7 coverage.

VI. SPECIAL NOTE

- A. Evaluate Stroke Severity using VAN scale to assess for Large Vessel Occlusion (LVO). First, assess for unilateral motor weakness. If weakness present, assess for Visual disturbance, Aphasia, and Neglect.
 - 1. Visual Disturbance (field cut, double vision, or blind vision)
 - 2. Aphasia (inability to speak or understand)
 - 3. Neglect (gaze to one side or ignoring one side)

If patient has any weakness PLUS any one of the above, this is likely a large vessel occlusion

- B. Stroke Center Certified Hospitals
 - 1. Primary Stroke Centers: BUMCT, NWMC, NWMC-Houghton, OVH, SJH, SMH, and TMC
 - 2. **24/7 Thrombectomy available:**
 - 1. Comprehensive Stroke Center: **BUMC-T, SJH, and TMC**
 - 2. Primary Plus Stroke Center (24/7 thrombectomy): **SMH**
 - 3. Thrombectomy Capable Stroke Center: NA