SEVERITY-BASED STROKE TRIAGE ALGORITHM FOR EMS

EMS Dispatch notifies responding EMS Unit of possible stroke call. EMS crew dispatched per regional stroke protocol or on scene suspicion of acute stroke by EMS providers.

Upon arrival: Provide any needed ABC interventions, request dispatch of higher level of provider if necessary for unstable patients and interview patient, family and other witnesses.

Perform and document results of pre-hospital stroke identification screen (CPSS, LAPSS, etc.) and POC blood glucose.

STROKE SCREEN POSITIVE? STROKE SUSPECTED?

YES

LVO SUSPECTED?

YES

LKW LESS THAN 6 HOURS?

YES

DIRECT TRANSPORT TO CSC ADDS LESS THAN OR EQUAL TO 15 MINUTES?

YES

TRANSPORT TO CSC WILL NOT PRECLUDE USE OF IV ALTEPLASE?

YES

Call Stroke Alert, pre-notify receiving facility and transport to the closest appropriate stroke center (ASRH, PSC, CSC) per your regional stroke systems of care policy.

NO

NO

NO

NO

Stroke not suspected

Treat and transport as indicated per patient presentation

NO

LNO SUSPECTED?

NO

NO

NO

Congressional instruction, call stroke alert, pre-notify receiving facility and transport to the closest appropriate stroke center (ASRH, PSC, CSC) per your regional stroke systems of care plan.

ON SCENE

- Interview patient, family members and other witnesses to determine Last Known Well (LKW) time and time of Symptom Discovery.
- Attempt to identify possible stroke mimics (e.g., seizure, migraine, intoxication) and determine if patient has pre-existing substantial disability (need for nursing homecare or inability to walk without help from others).
- Encourage family to go directly to Emergency Department if not transported with patient and obtain mobile number of next of kin and witnesses.
- If Mobile Stroke Unit available—follow Mobile Stroke Unit Protocol.

- Each EMS agency should utilize a published and validated stroke screen to assess patients with non-traumatic onset of focal neurologic deficits and validated tool to assess possible Large Vessel Occlusion (LVO).
- Patients who are eligible for IV Alteplase if transported to nearest Acute Stroke Ready Hospital (ASRH) or PSC should not be rerouted to a CSC or EVT-capable Center if doing so would result in a delay that would make them ineligible for IV Alteplase.
- Collect a list of current medications (especially anticoagulants) and obtain patient history including co-morbid conditions (e.g., serious kidney or liver disease, recent surgery, procedures or stroke) that may impact treatment decisions.