Stroke
EMS Triage and Destination Plan

Stroke Patient

* A patient with symptoms of an acute Stroke as identified by the EMS Stroke Screen

Time of Symptom Onset
* Defined as the last witnessed time the patient was symptom free (i.e. the time of onset for a patient awakening with stroke symptoms would be the last time he/she was known to be symptom free before the sleep period)

The Purpose of this plan is to:
* Rapidly identify acute Stroke patients who call 911 or present to EMS
* Minimize the time from onset of Stroke symptoms to definitive care
* Quickly diagnose a Stroke using validated EMS Stroke Screen
* Complete a reperfusion checklist (unless being transported directly to a Stroke Capable Hospital) to determine thrombolytic eligibility
* Rapidly identify the best hospital destination based on symptom onset time, reperfusion checklist, and predicted transport time
* Early activation/notification to the hospital prior to patient arrival
* Minimize scene time to 10 minutes or less
* Provide quality EMS service and patient care to the EMS Systems citizens
* Continuously evaluate the EMS System based on North Carolina’s Stroke EMS performance measures

Symptoms of Acute Stroke
Positive Stroke Screen

Stroke Center or Stroke Capable Hospital within 3 hours from onset of patient's symptoms and no greater than 50 minutes EMS transport time?

No

Reperfusion Checklist
Contraindications to Thrombolysis

Yes

Transport to closest Primary Stroke Center or Stroke Capable Hospital Listed
Early Notification/Activation

Cape Fear Valley Medical Center
New Hanover Regional Medical Center
Southeastern Regional Medical Center

Air Medical SCTP within 30 minutes of patient's location and patient clearly a NEW onset stroke patient?

Yes

Consider Activating Air or Ground SCTP

No

Transport to closest Primary Stroke Center Listed
Early Notification/Activation

Cape Fear Valley Medical Center
New Hanover Regional Medical Center

Cape Fear Bladen County Hospital
Samson Regional Hospital
Columbus Regional
Pender Memorial Hospital

Bladen County EMS System
This protocol has been developed by the North Carolina Office of EMS

Pearls and Definitions
* All Stroke Patients must be triaged and transported using this plan. This plan is in effect 24/7/365
* All Patient Care is based on the EMS Suspected Stroke Protocol
* Primary Stroke Center = a hospital that is currently accredited by the Joint Commission as a Primary Stroke Center. Free standing emergency departments and satellite facilities are not considered part of the Primary Stroke Center
* Stroke Capable Hospital = a hospital which provides emergency care with a commitment to Stroke and the following capabilities:
  * CT availability with in-house technician availability 24/7/365
  * Ability to rapidly evaluate an acute stroke patient to identify patients who would benefit from thrombolytic administration
  * Ability and willingness to administer thrombolytic agents to eligible acute Stroke patients
  * Accepts all patients regardless of bed availability
  * Provides outcome and performance measure feedback to EMS including case review
* Community Hospital = a local hospital within the EMS System's service area which provides emergency care but does not meet the criteria for a Primary Stroke Center or Stroke Capable Hospital
* Specialty Care Transport Program = an air or ground based specialty care transport program which can assume care of an acute Stroke patient from EMS or a Hospital and transport the patient to a Primary Stroke Center.