

# Sample County EMS System

## EMS ACUTE STROKE Triage and Destination Plan Template

### Summary:

Every EMS patient requesting EMS services with a medical presentation of an ACUTE STROKE will be diagnosed and rapidly transported to the appropriate destination for an optimal patient outcome.

### Purpose

The purpose of this intervention is to:

- Rapidly identify patients presenting with symptoms of an Acute Stroke
- Minimize the time from onset of Stroke symptoms to the provision of definitive care.
- Completion of a Stroke reperfusion checklist.
- Rapidly identify the best hospital destination for the patient based on time of symptom onset, reperfusion checklist results, and predicted transport time.
- Early activation / notification of hospital personnel of the Acute Stroke patient prior to arrival.
- Minimize scene time to 10 minutes or less with a “load and go” approach.
- Provide quality EMS service and patient care to the county’s citizens.
- Provide a means for continuous evaluation to assure this plan’s compliance.

### Glossary of Terms

**Stroke Symptom Onset Time:** the time that symptoms were witnessed to begin by someone other than the patient. If the onset of the symptoms was not witnessed, the time the patients was last seen “normal or at baseline” should be used as the symptom onset time.

**Acute Stroke Patient:** a patient who presents to EMS with the symptoms of an acute stroke as identified by the EMS Stroke Screen.

**Community Hospital:** a local hospital within the EMS System’s service area or surrounding community which can provide emergency care to an Acute Stroke Patient but is not a Primary Stroke Center or a Stroke Capable Hospital.

**Primary Stroke Center Hospital:** a hospital that is currently credentialed by the Joint Commission as a Primary Stroke Center.

**Stroke Capable Hospital:** a hospital that is capable of meeting the American Heart Associations “Acute Stroke Capable Hospital” requirements including a commitment to stroke care and the following:

- Rapidly evaluate an acute stroke patient with CT scan and in-house technician availability 24 hours per day.
- Perform an assessment to identify patients who would benefit from thrombolytic administration.
- Administer thrombolytic agents when the acute stroke patient qualifies.

**Specialty Care Transport Program:** an air or ground based specialty care transport program which can transport a patient from the EMS scene or a community hospital to a North Carolina Stroke Center.

## Procedure:

**The success of an EMS Stroke Plan is based on the completion of the following:**

1. Early recognition of Stroke symptoms and activation of the EMS System.
2. Rapid Identification of an Acute Stroke Patient through the use of the EMS Stroke Screen.
3. Documentation of the Onset of Stroke Symptoms.
4. Completion of a Reperfusion Checklist to determine potential eligibility for thrombolytic therapy
5. Follow the NC EMS Suspected Stroke Patient Care Treatment Protocol
6. Based on the elapsed time from the onset of symptoms and thrombolytic eligibility, determine the most appropriate destination for the Acute Stroke Patient
7. Early activation/notification of the receiving Hospital
8. Early activation of EMS Specialty Care Transport Programs (SCTP) if the EMS System is unable to transport the Stroke Patient to the appropriate destination without SCTP assistance within the treatment time window.
9. Transport the patient to the following hospital destination:
  - A. **Acute Stroke Patients who can be transported directly to a Primary Stroke Center or Stroke Capable Hospital in less than 2 hours from the onset of Stroke Symptoms** should be transported directly by the EMS System for care.  
Please list the Primary Stroke Center Hospitals and Stroke Capable Hospitals (See Glossary) which are in the EMS System's service area
  - B. **If the Acute Stroke Patient does not meet the criteria listed in Option A, the patient should be transported to a Community Hospital in the EMS Systems service area.**  
Please list the Community Hospitals (see Glossary) which are in the EMS System's service area.
10. Provide receiving hospital with written/printed patient hand-off documentation including symptom onset time and a summary of EMS Care.
11. Complete the EMS patient care report and other required EMS System documentation.