



# STROKE and LVO Stroke EMS Triage and Destination Plan

## Stroke Patient

- Signs and symptoms of an acute Stroke identified on EMS Stroke Screen Assessment.

### Last Known Well (LKW)

- Refer to UP 14 Suspected Stroke Protocol

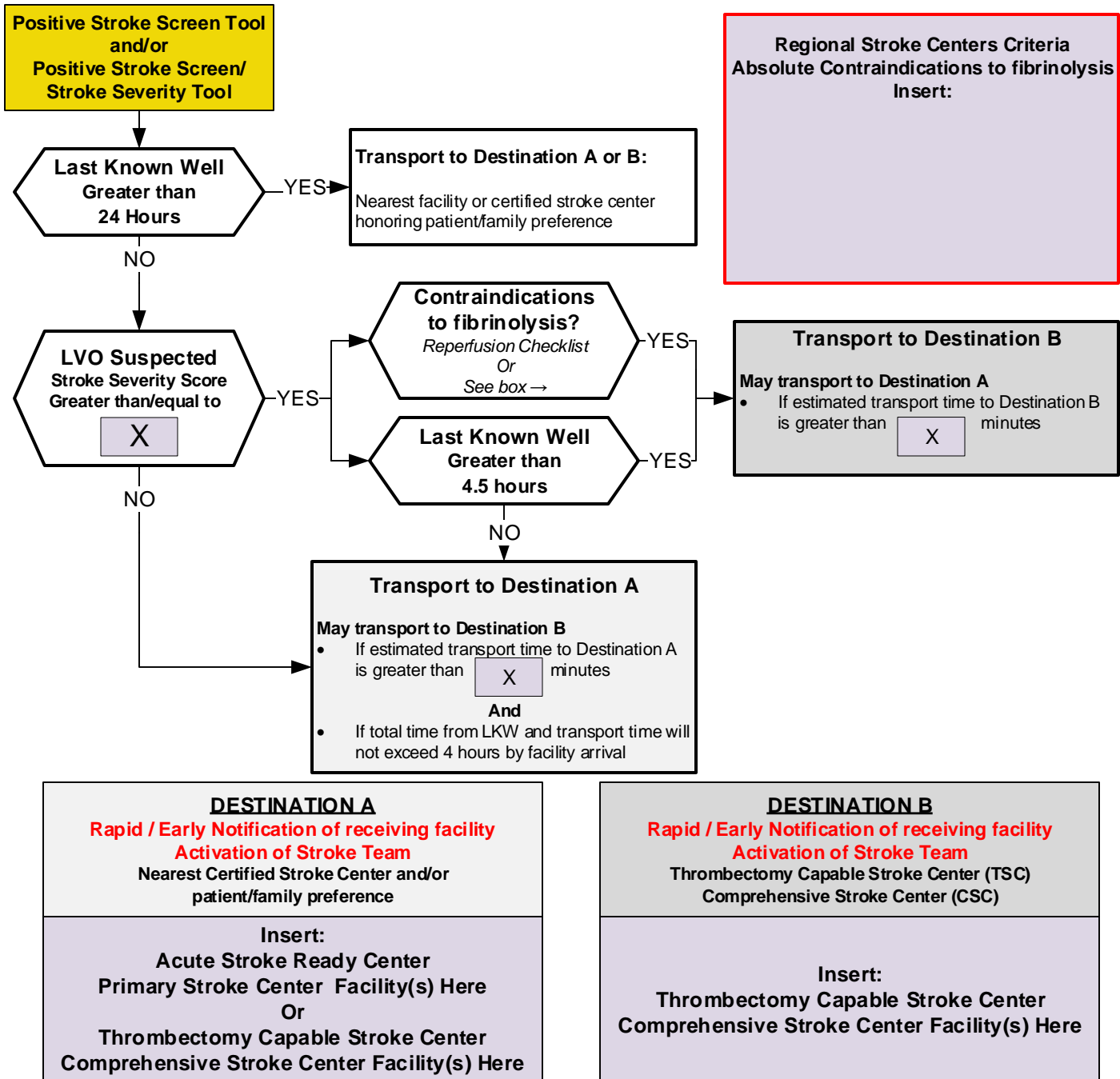
## The Purpose of this plan:

- Use plan in conjunction with UP 14 Suspected Stroke Protocol
- Rapidly identify acute Stroke patients presenting to EMS system and minimize the time from Stroke onset to definitive care
- Rapidly identify most appropriate facility destination in region
- Provide quality EMS service and patient care to the EMS system's citizens
- Maintain performance improvement of the EMS system based on NC Stroke Performance measures

Stroke Screening Tool  
Insert:  
*Stroke Screen Tool here*

LVO Suspected Score:  
Insert:  
*Severity Score here*

Stroke Screen/Severity Tool  
Insert:  
*Severity Tool here*



Stroke EMS Triage and Destination Plan



# STROKE

## EMS Triage and Destination Plan

### Pearls

- Use the AHA resource document for assistance on transport decision-making:  
<https://www.ahajournals.org/doi/10.1161/STROKEAHA.120.033228>
- Agencies may reconfigure this document to align with EMS and regional stroke care resources.
- If unstable airway or unstable hemodynamic condition may divert transport to closest appropriate facility.
- All Stroke patients should be triaged and transported using this plan.
- Expectation: EMS agency will collaborate with their regional stroke resources to establish point-to-point and inter-facility transport workflows for patient requiring higher level of acute care in consideration of potential EMS system impact and regional approach to stroke care.
- **Stroke Severity/Large Vessel Occlusion (LVO) Tool and Score:**  
Score severity and LVO score level should be set based on collaboration with all stroke centers where EMS agency routinely transports in the region. Majority of strokes are NOT large vessel occlusion strokes and inappropriately low severity scores can result in an over-triage of patients to TSC / CSC negatively impacting both the EMS and healthcare system.
- **EMS Transport Times in Destination Decisions:**  
EMS Transport times should be set based on collaboration with all stroke centers where EMS agency routinely transports in the region.
- **Reperfusion Checklist and contraindications to fibrinolysis in acute stroke patients:**  
Systems may use the Reperfusion Checklist or may establish regionally agreed upon absolute contraindications.
- Many EMS systems have a variety of stroke certified medical facilities within similar transport time parameters.
- Destination choices should use regional stroke system of care plans and patient/family preferences in choosing most medically appropriate facility.
- **Modality of transport in acute stroke depends on multiple factors, but safest and fastest should be considered, whether ground EMS, air medical EMS, or specialty/critical care ground transport.**  
Consider air medical transport options when no Comprehensive or Thrombectomy Capable Stroke Centers are within a 60 minute total transport time.
- **Acute Stroke-Ready Hospital Components:**  
Director of stroke care, written emergency stroke care protocols and transfer agreements with a neurosurgical capable hospital, 24-hour CT capability, and ability to administer thrombolytics.  
Facility may have Telemedicine / Telestroke capability for consultation with neurologic specialist.
- **Primary Stroke Center:**  
Has same capabilities as Acute Stroke-Ready Hospital.  
Accredited and certified by the Joint Commission.
- **Thrombectomy-Capable Stroke Center:**  
Has same capabilities as Primary Stroke Center.  
Capable of providing mechanical thrombectomy with no day or hour limitation.
- **Comprehensive Stroke Center:**  
Has same capabilities as a Primary Stroke Center.  
Capable of offering full spectrum, state-of-the art Stroke care with no day or hour limitation.  
Ability to treat stroke patients with catheter-based procedures to remove or dissolve blood clots.  
Accredited and certified by the Joint Commission.
- **Guidelines only for prioritization of hospital choices based on capabilities:**  
Prioritize rural hospitals that have formal agreements with Comprehensive Stroke Center or Thrombectomy-Capable Stroke Center with access to expert stroke consultation.  
Prioritize rural hospitals with stroke center certification and/or those actively engaged in stroke center certification and who track their performance on evidenced-based stroke care.  
Prioritize Primary Stroke Centers over Acute Stroke Ready Hospitals when total transport time is < 30 minutes difference.  
Prioritize Comprehensive Stroke Center over Thrombectomy-Capable Stroke Center when total transport time is < 30 minutes difference.