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.

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 from severity tool used to assess potential LVO (LAMS, RACE, CSTAT, FAST-ED, etc.).

Identify and document Time Last Known Well & Time of symptom discovery.

LVO SUSPECTED?

YES

LKW LESS THAN 6 HOURS?

NO

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

NO

TRANSPORT TO CSC WILL NOT PRECLUDE USE OF IV ALTEPLASE?

NO

YES

YES

YES

NO

NO

NO

STROKE SCREEN POSITIVE? STROKE SUSPECTED?

NO

YES

STROKE not suspected

Treat and transport as indicated per patient presentation

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

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

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 home care 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 likely eligible for IV Alteplase should be routed to the nearest ASRH or PSC if transport to the nearest CSC or TSC would make them ineligible for IV Alteplase due to time delays. CSC is always the preferred destination over TSC if CSC accessible within acceptable transport times.
- 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 decisions.