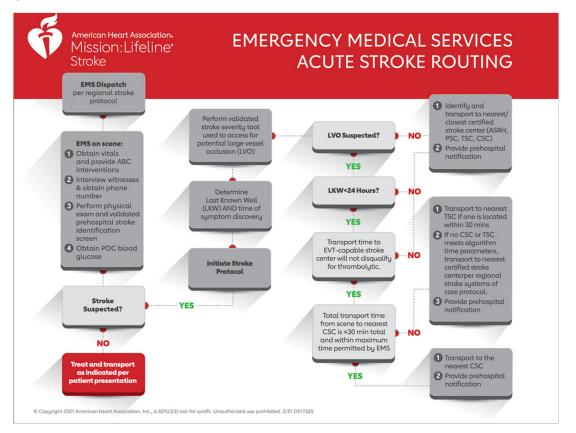
Complex Transport Decision Making in the PreHospital Setting

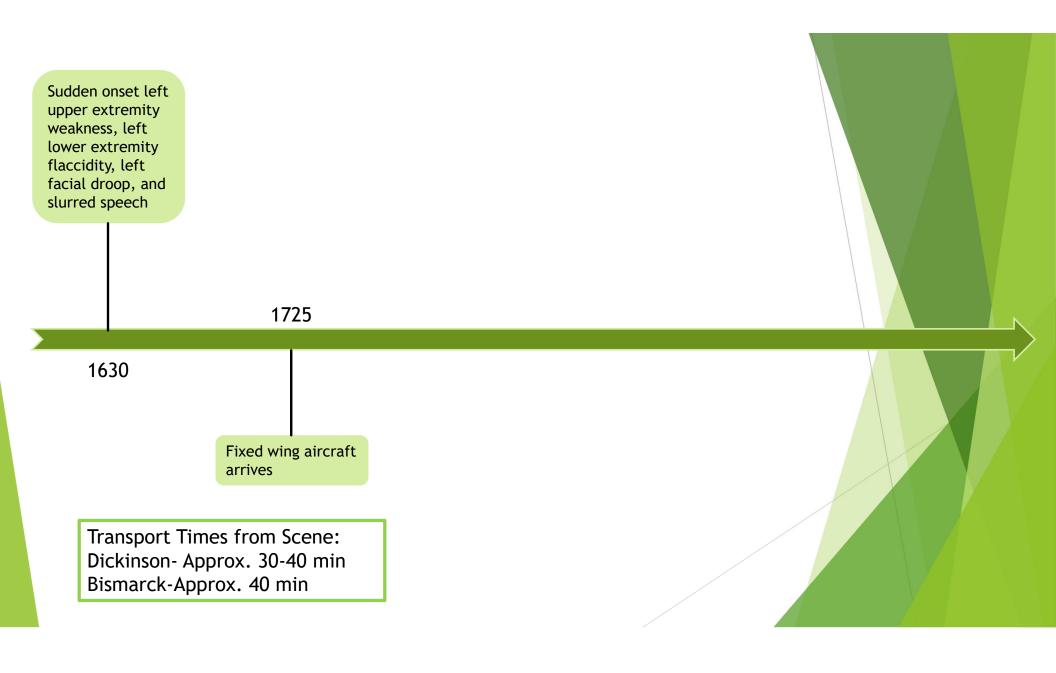
Haley Gilstad, BSN RN CEN

FINANCIAL DISCLOSURE:
No relevant financial relationship exists

Transport Decision

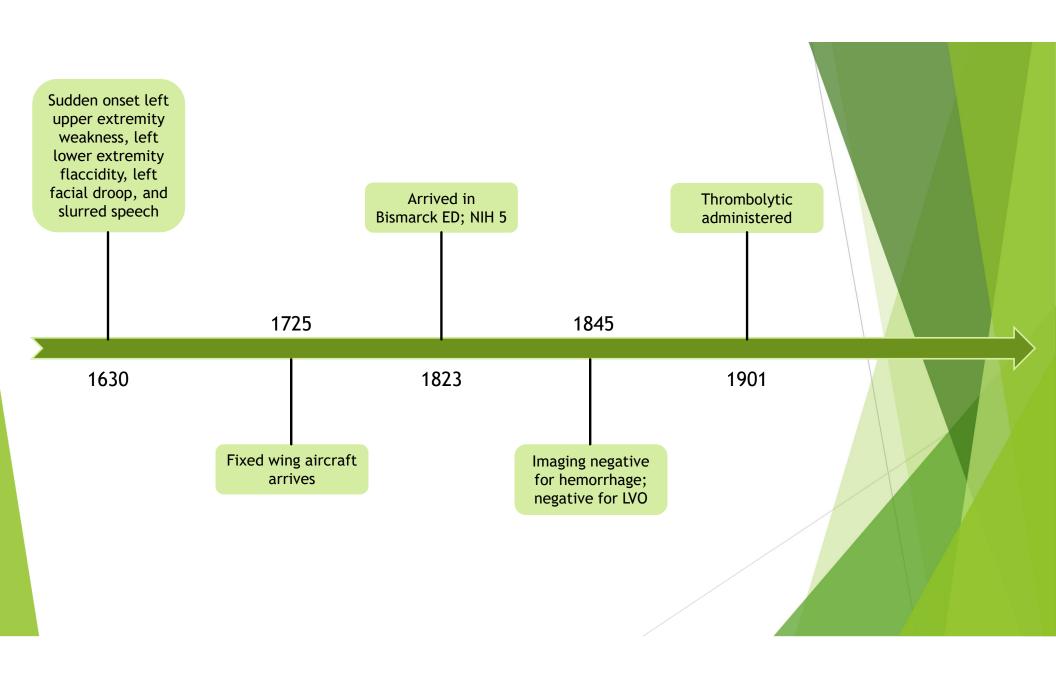








- Comprehensive Stroke Center Developed by The Joint Commission (TJC) & American Heart Association/American Stroke Association (AHA/ASA). Highest level of stroke care; in addition to all services provided at a Primary Stroke Center: advanced imaging (CTA, MRA); 24/7 availability of neurosurgical services including ability to clip & coil aneurysms; ability to meet concurrently emerging needs of multiple complex stroke patients; participate in IRB research; increased education requirements for staff.
- Thrombectomy Capable Stroke Center Accredited by The Joint Commission. In addition to meeting all requirements for a Primary Stroke Center: minimum mechanical thrombectomy volume requirement; ability to perform mechanical thrombectomy 24/7, dedicated intensive care unit beds to care for ocute ischemic stroke patients, availability of staff and practicioners closely aligned with CSC expectations; a process to collect and review data regarding adverse patient outcomes following mechanical thrombectomy.
- Primary Plus Stroke Center Accredited by DNV. In addition to meeting all requirements for a Primary Stroke Center: endovascular therapy 24/7; same as TCSC but accredited by DNV (and not TJC).
- Primary Stroke Center Accredited by The Joint Commission. Has all the ASRH capabilities plus: acute stroke team available 24/7; access to a neurologist 24/7 in person or via telemedicine; designated stroke beds; ability to provide IV thrombolyitcs.
- Acute Stroke Ready Hospital Designated by the State of North Dakota. Ability to perform rapid assessment, head CT, labs and administer intravenous thrombolytic therapy prior to transferring patient to a PSC or CSC
- No Stroke Designation



Discharge

MRI: Distal right ACA infarct

Discharge Hospital Day 4

► NIH: 0

▶ mRS: 1

