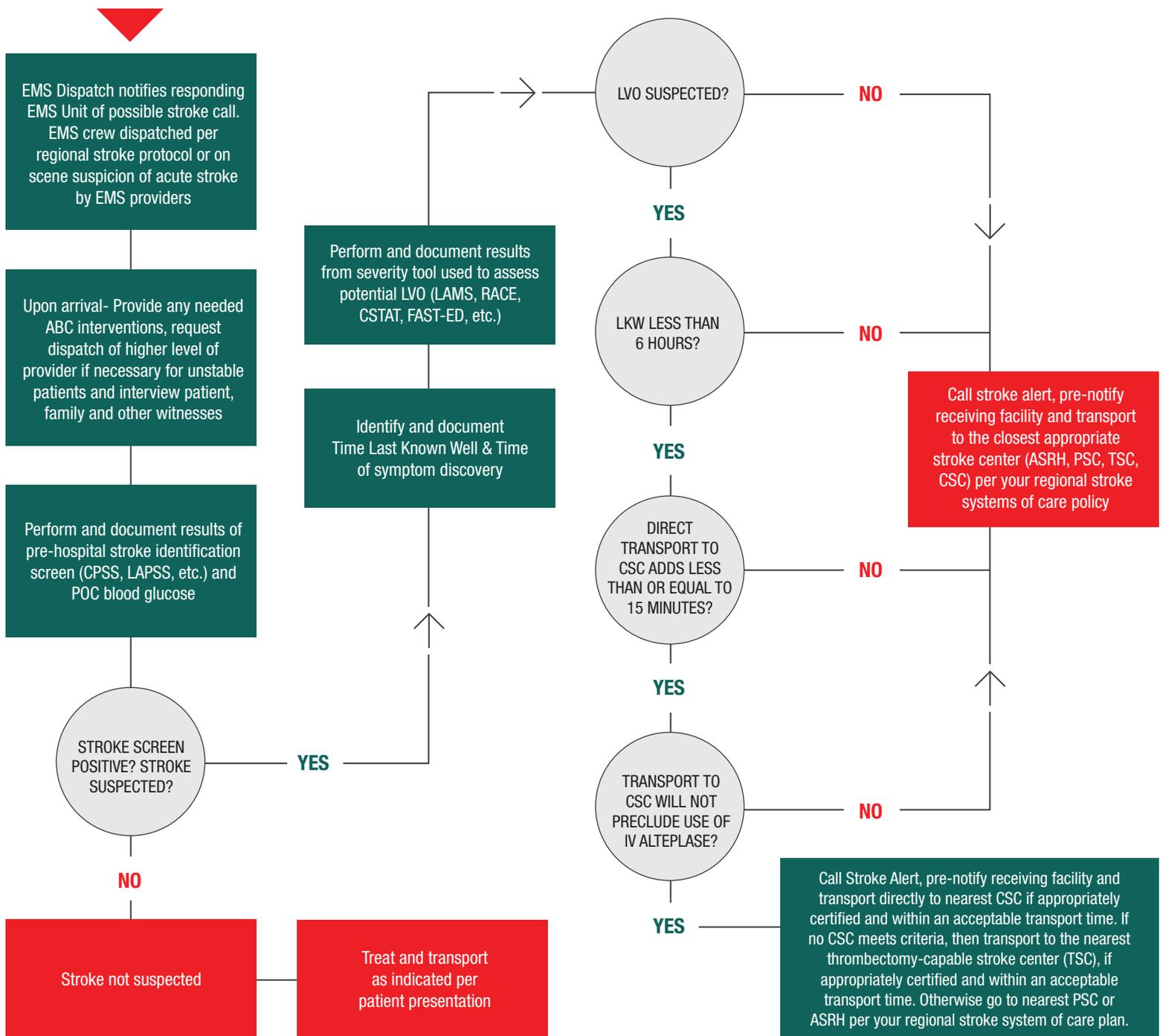


SEVERITY-BASED STROKE TRIAGE ALGORITHM FOR EMS



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 (eg, 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 (eg, serious kidney or liver disease, recent surgery, procedures or stroke) that may impact decisions.