

# SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 507

## SUBJECT: STROKE SYSTEM TRIAGE AND PATIENT DESTINATION

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### PURPOSE:

The purpose of this policy is to describe the Sierra Sacramento Valley EMS (S-SV EMS) stroke system. This system is designed to provide timely, appropriate care to patients who have suffered symptoms of a stroke within 2.5 hours of onset of symptoms. Acute Stroke Patients will be transported to a Stroke Receiving Center in accordance with S-SV EMS policy.

### AUTHORITY:

Health and Safety Code, Division 2.5, Chapter 2 § 1797.67 & 1797.88, Chapter 6 § 1798.102, 1798.150, 1798.170 & 1798.172

California Code of Regulations, Title 13, § 1105(c), Title 22, Division 9, Chapter 4, § 100169

### DEFINITIONS:

- A. **Acute Stroke Patient** – A patient who meets assessment criteria for an acute stroke in accordance with S-SV EMS patient care protocols and whose onset of symptoms is 2.5 hours or less.
- B. **Stroke Receiving Center** – An acute care hospital that has successfully completed and maintains Joint Commission Accreditation as a Primary Stroke Center or that has been alternately approved by the S-SV EMS Agency, and enters into a memorandum of understanding (MOU) with S-SV EMS relative to being a Stroke Receiving Center.

### POLICY:

- A. Identification and Destination of the Acute Stroke Patient:
  - 1. Criteria for the assessment, identification and treatment of an acute stroke patient will be based on S-SV EMS treatment protocols.
  - 2. Patients identified by prehospital personnel as having the onset of stroke symptoms within the past 2.5 hours will be transported to a Stroke Receiving Center if transport time is less than 30 minutes.

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**Effective Date: 12/01/2010**

**Date last Reviewed / Revised: 06/10**

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**Approved:**

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**SIGNATURE ON FILE**  
**S-SV EMS Medical Director**

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**SIGNATURE ON FILE**  
**S-SV EMS Regional Executive Director**

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3. If there is any question as to the status of a patient within the 30 minute catchment area of a Stroke Receiving Center with symptoms of a stroke, prehospital personnel will consult with the ED physician at the closest Stroke Receiving Center as early as possible in the patient's evaluation.
4. If the onset of symptoms is unknown or exceeds 2.5 hours, the patient should be transported per S-SV EMS routine destination criteria.
5. If the patient has an uncontrolled airway or is in cardiac arrest the patient should be transported to the closest receiving facility.

B. Notification of the Stroke Receiving Center:

As soon as feasible, preferably from the scene, prehospital personnel will contact the intended Stroke Receiving Center and inform them that a stroke patient is enroute to that facility. It is recommended that the report be started with the statement that this is a "Stroke Alert". The prehospital report will include at a minimum:

1. The nature of the symptoms
2. The time of onset of symptoms or when patient was last seen normal
3. The blood glucose
4. Vital signs
5. Treatment provided

C. Diversion by a Stroke Receiving Center:

Stroke Receiving Centers will not close to acute stroke patients except in the following circumstances:

1. A declared internal disaster
2. There is a failure of all CT scanners

D. Documentation:

A complete Patient Care Report (PCR) shall be left at the Stroke Receiving Center for all stroke patients before prehospital personnel leave the receiving hospital.

E. Notification:

S-SV EMS shall be notified as soon as possible if any of the following occur:

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1. A patient within the 30 minute catchment area of a Stroke Receiving Center transported by the EMS system is identified as an acute stroke patient by the receiving facility and was not transported to a Stroke Receiving Center.
  2. Any instance of diversion of a stroke patient by a Stroke Receiving Center.
  3. An EMS field provider fails to leave a completed PCR at the receiving facility at the time of initial patient transport.
- F. Transferring an Acute Stroke Patient to a higher level of stroke care:

In the event that an acute stroke patient needs to be transferred to a higher level of stroke care the emergency department will:

1. Follow their facility's policies and procedures regarding patient transfers.
2. Request an ALS ambulance utilizing the 9-1-1 system to transport the patient to a Stroke Receiving Center, unless there is an equivalent agreement for emergent transport in place with another S-SV approved provider. If patient care has been initiated that exceeds the prehospital provider's scope of practice, qualified medical or nursing staff will accompany the patient in the ambulance, or a Critical Care Transport unit may be utilized if their response time is appropriate.
3. Provide the ambulance personnel with a complete patient report and all appropriate documentation including a CT scan. Do not delay transport of the patient if complete documentation is not available. If complete documentation is not sent with the ambulance, the sending hospital will Fax the report to the Stroke Receiving Center in sufficient time that it should arrive prior to the patient.

**CROSS REFERENCES:**

*Prehospital Care Policy Manual*

Patient Destination, Reference No. 505

Base Hospital / Modified Base Hospital Contact, Reference No. 812

Suspected CVA / Stroke, Reference No. N-3