

Okanogan North Douglas County
County Operating Procedure for:
Washington State Emergency Stroke System



I) Purpose:

1. To implement County Operating Procedures for all stroke patients who meet inclusion criteria for stroke activation as described in the Washington Prehospital Stroke Triage Procedure.
2. To ensure that all stroke patients are transported to the most appropriate categorized facility as described in RCW 70.168.150
3. To allow the receiving facilities time to activate their stroke response team.

II) Standards:

1. All ambulance & aid services shall comply with the Washington Prehospital Stroke Triage Procedures as defined in RCW 70.168.
2. All ambulance services shall transport patients to the most appropriate categorized stroke facility.

Procedure:

1. All prehospital providers shall triage suspected acute stroke patients to see if they meet the inclusion criteria with "State of Washington Pre-hospital Stroke Triage Destination Procedure" (PSTDP)
 - a. Inclusion Criteria includes:
 - i. "Applicability for Triage" (see PSTDP)
 - ii. "FAST Criteria" (see PSTDP)
 - b. Non-inclusion criteria includes:
 - i. Any patient who does not meet "applicability for triage" or "FAST"
 - ii. Transport destination of non-inclusion criteria shall include but not limited to: the patient's preference, or county protocol.
2. All patients who meet inclusion criteria must be entered into the Stroke System.
 - a. Upon entering into the Stroke System the patient shall be treated with the "Washington State Emergency Stroke System Pre-Hospital Protocol Guidelines for Suspected Stroke".
 - b. All patients who enter into the Stroke System must be transported only to a Washington State **Designated** Stroke Level 1, Level 2, or Level 3 Facility.
3. Dispatch participation
 - a. Dispatch is encouraged to give specific pre-arrival instructions as per MPD advice.
 - b. Dispatch is encouraged to participate in Regional and Local QI process when applicable.
4. Prehospital BLS and ALS Providers:
 - a. Treat the patient using the "Washington State Emergency Cardiac and Stroke System Prehospital Protocol Guidelines for Suspected Stroke".
 - b. Provide early activation of the Stroke System by a "Stroke Alert" with early communication to the receiving Hospital with a patient who meets inclusion criteria in the Stroke System.
 - c. If BLS consider request ALS / ILS rendezvous if airway is compromised.
 - d. Check patient's blood glucose and treat hypoglycemia (if applicable).
 - e. Limit the scene-time to 10 minutes or less.
 - f. Transport the patient elevate head no higher than 20 degrees.
 - g. Provide Two IV access sites (if possible)

- i. Avoid affected arm if possible
 - ii. Avoid glucose containing or hypotonic solutions
 - h. Destination:
 - i. If Patient's **last time normal to arrival at stroke designated hospital** is:
 - 1. **3.5 hours or less:** Then transport to the Nearest and Highest Stroke Level (2, or 3) Hospital within 30 minutes.
 - 2. **4 hours or greater:** Transport to the closest highest stroke level hospital.
 - 3. Consider nearest facility if unable to manage airway, for definitive airway treatment.
 - 4. Patients may refuse to be transport to the above stroke categorized facilities after full disclosure of risks (informed consent) explained to the patient and medical control shall be contacted with against medical advice documentation.
 - i. If the patient is triaged to not to meet inclusion Stroke Triage Criteria;
 - i. Transport the patient per County Protocol.
- 5. Quality Improvement;
 - a. All prehospital providers are encouraged to do internal review of each stroke case to ensure we are getting the patient to the highest level of stroke care in the shortest amount of time.
 - i. The MPD will review cases at least annually to ensure that we are meeting the the above stated objective.