

Purpose:

1. To Implement regional policies and procedures for all stroke patients who meet inclusion criteria for stroke activation as described in the Washington Pre-Hospital Stroke Triage Procedure.
2. To ensure that all stroke patients are transported to the most appropriate categorized facility determined by Prehospital Stroke Triage Tool.
3. To allow the receiving facilities acquire time to activate their stroke response team.
4. To ensure data collection for quality improvement

Standards:

1. All ambulance & aid services shall comply with the Washington Pre-hospital Stroke Triage Procedures.
2. All ambulance services shall transport patients to the most appropriate categorized stroke facility.
3. All categorized receiving facilities will determine when it is appropriate to divert EMS to another categorized facility.

Procedure:

1. All Pre-Hospital 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".
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 **Categorized** Stroke Level 1, Level 2, or Level 3 Facility.
 - i. The following are the only Categorized Stroke Level facilities:
 1. Central Washington Hospital (CWH) (Level 2 Stroke Facility)
 2. Lake Chelan Community Hospital (LCCH) (Level 3 Stroke Facility)
 - ii. "Travel time" is defined as time it takes to travel from scene to the hospital.
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. Pre-Hospital BLS and ALS Providers:
 - a. Treat the patient using the county protocols.
 - b. If the patient meets stroke inclusion criteria: provide early activation of the Stroke System by contacting the receiving hospital with a "**Stroke Alert**".
 - c. If BLS, consider request ALS rendezvous if airway is compromised.
 - d. Limit the scene-time to 15 minutes or less.
 - e. Destination:
 - i. If patient meets inclusion criteria and last time seen normal is:
 1. **3.5 hours or less:** Then transport to the Nearest and Highest Stroke Level (1, 2, or 3) Hospital within **30 minutes** travel time.

- a. Transport patient to CWH (level 2 stroke) or LCCH (level 3 stroke) which ever is closer.
 - b. **Notify-** the receiving Physician on duty / Medical Control directly of “**stroke alert**” last seen normal of 3.5 hours or less.
 2. **3.5 hours to less than 6 hours:** Transport to nearest Level 1 within 60 minutes transport time, or Level 2 with intra-arterial intervention capability within 60 minutes transport time.
 - a. Transport patient to CWH (level 2 stroke) or LCCH (level 3 stroke) which ever is closer.
 3. **6 hours or greater:** Transport to Level 1, 2, or 3 Stroke hospital within 30 minutes transport time.
 - a. Transport patient to CWH (level 2 stroke) or LCCH (level 3 stroke) which ever is closer.
 4. Consider nearest facility if unable to manage airway, for definitive airway treatment.
 5. Patients may refuse to be transport to the above stroke categorized facilities after full discloser of risks (informed consent) explained to the patient and medical control shall be contacted with against medical advice documentation.
5. Quality Improvement;
- a. Pre-Hospital providers is encouraged to submit in a timely manner the data points listed on the "Chelan/Douglas County Data form" to:
 - i. Receiveing Hospital
 - ii. MPD

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