

Wisconsin EMS Board and Physician Advisory Committee

Position Statement: Patient Transports within Stroke Care Systems

Background: There is an evolving Stroke Care system within Wisconsin, similar to other states within the country. Cerebral Ischemia-especially strokes recognized within 4.5 hours from onset and those strokes felt to be related to large vessel occlusions (LVO)-are time sensitive emergencies. Patients whom have been identified as having symptoms and signs highly suggestive of cerebral ischemia should be expeditiously transported to a hospital within the region able to provide the highest level of care for the suspected condition in a timely manner.

Cerebral ischemia are conditions that both medical and interventional treatments have a role in treating the time-sensitive aspect of the conditions. This further complicates destination determination as the best outcome may be achieved by transport to a closer hospital without interventional capabilities to initiate medical treatment followed by a transport to hospital for interventional capabilities for additional care.

Purpose: Provide statewide guidance to EMS organizations on appropriate destination determination for cerebral ischemia conditions.

Recommendations

- All EMS services should have current destination determination policies that outline primary and specialized receiving hospital's known capabilities for time sensitive conditions. These policies should be updated as hospital capabilities and recommended treatment guidelines evolve for time sensitive conditions
- Hospital capability classifications should be based on 24/7/365 service availability or a well-defined pre-determined schedule
 - EMS should NOT have to contact the hospital to determine if the needed intervention is available prior to transport
 - A pre-defined method should exist to notify EMS of unplanned intervention unavailability (facility emergency, prolonged maintenance, staff emergency) such as the WITrac, Dispatch Center broadcast notification, etc.
- Patients with suspected cerebral ischemia should be transported as follows:
 - Patients with stroke symptoms within 4.5 hours of onset should be transported to the closest hospital capable of immediate CT and administration of thrombolytics within 1 hour of arrival
 - Preference should be given to hospitals with stroke certification
 - If patient has stroke symptoms within 24 hours of onset and indications of Large Vessel Occlusion, consider direct transportation to hospital with neuro-interventional capability

Based on 2018 Guidelines for the Early Management of Patients With Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association

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