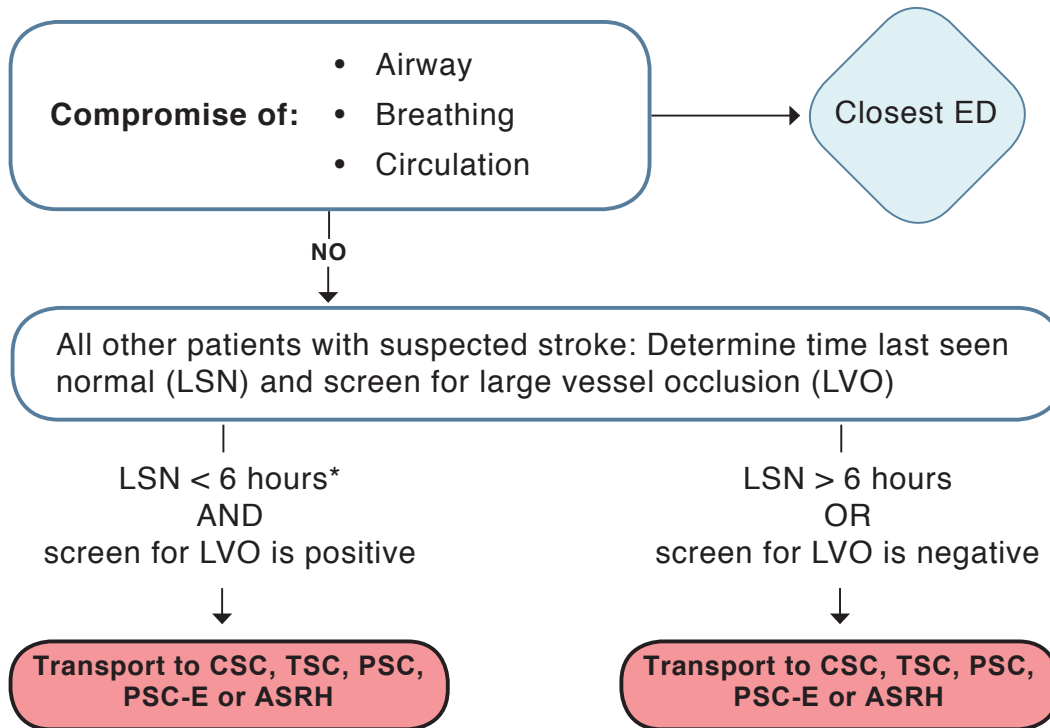


STROKE DESTINATION PROTOCOL

The following protocol applies to patients with suspected stroke:



If < 15 minutes of additional transport time to reach CSC, TSC or endovascular capable Center (PSC-E), transport to the CSC, TSC or endovascular capable Center (PSC-E)

If > 15 minutes of additional transport time to reach CSC, TSC, PSC-E, PSC or ASRH than to reach stroke capable Off Site ED, it is acceptable to transport to a stroke capable Off Site ED

* the LSN < 6 hours should include patients without a definite time of LSN, but who could reasonably be assumed to be within 6 hours of onset, including patients who wake-up with stroke symptoms

Guiding Principles:

- Time is the critical variable in acute stroke care
- Protocols that include pre-hospital notification while en route by EMS should be used for patients with suspected acute stroke to facilitate initial destination efficiency
- Treatment with intravenous tPA is the only FDA approved medication therapy for hyperacute stroke
- EMS should identify the geographically closest hospital capable of providing tPA treatment
- Transfer patient to the nearest hospital equipped to provide tPA treatment
- Secondary transfer to facilities equipped to provide tertiary care and interventional treatments should not prevent administration of tPA to appropriate patients

Adopted 4/20/2017, revised with new nomenclature 1/16/2020

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