

## **Region V Southeastern Massachusetts EMS Council Acute Stroke Point of Entry Plan**

**Purpose:** To define the Region V Southeastern Massachusetts EMS Council stroke treatment point of entry plan consistent with the guidelines published by the Office of EMS Services and to delineate the responsibilities of the parties involved in its implementation.

**Plan:**  
EMT's working at all levels shall at all times follow the Stroke Point of Entry Plan as outlined by OEMS and hereto attached.

The Region V Southeastern Massachusetts EMS Council shall post on its web site a list of the Department of Public Health designated primary stroke service hospitals located within Region V.

Individual ambulance services shall use the list of designated hospitals to plan for their routine transportation of potential stroke patients to a designated facility to receive treatment. Each ambulance service shall also develop a plan for the occasion when the closest designated primary stroke service hospital is unavailable due to lack of CT services, code black conditions or similar events. All ambulance services shall notify the receiving hospital as soon as is reasonably possible of all potential stroke patients so that preparations can be initiated.

Designated primary stroke center hospitals shall notify surrounding ambulance services of any limitations to their ability to diagnose and treat stroke patients through the use of previously established diversion notification systems.

The ambulance services on Nantucket and Martha's Vineyard Islands shall transport all potential stroke patients to their island hospitals regardless of designation status due to their geographic isolation.

### **OEMS Stroke Point of Entry Plan (S-PEP)**

#### EMS operational definition of acute stroke:

Presence of symptoms < 2 hr duration (or since last seen at baseline) according to the Massachusetts Stroke Scale **or** other concerning neurologic signs consistent with stroke. Other neurologic signs include:

- sudden onset dizziness with inability to walk
- double vision and eye movement abnormalities
- weakness affecting the leg

1. Following the Mass EMS Pre-hospital Treatment Protocols for Acute Stroke, establish a diagnosis of possible acute stroke based on Massachusetts Stroke Scale (Protocols Appendix Q)
2. Establish time of onset and last time seen at baseline
3. If stroke symptoms present and time from onset of symptoms to hospital arrival will be  $\leq 2$  hours, transport patient to nearest appropriate DPH-designated Primary Stroke Service (PSS)\*
4. Notify receiving facility as early as possible. EMS Personnel should notify the hospital using the language "This is a Stroke Alert".

#### **\* Determining most appropriate transport:**

1. The goal is to transport patient to PSS within 2 hours of symptom onset. Choose the most appropriate mode of transport (air, ground, etc.) and destination to achieve this.
2. If patient has depressed level of consciousness, compromised airway control, known hypoglycemia, suspected severe hypoglycemia (diaphoretic and a known diabetic), or is hemodynamically unstable, it may be more appropriate to transfer to nearest receiving hospital for acute stabilization.
3. If CT Scan capability is unavailable at the nearest PSS (e.g., "Cautionary Status"), the patient should be transported to the next nearest appropriate PSS as per above guidelines.
4. If the patient will arrive at the PSS more than 2 hours after symptom onset, transport should be instead to nearest hospital. This time-guideline may be revised in the future as new therapies extend the stroke treatment time-window.