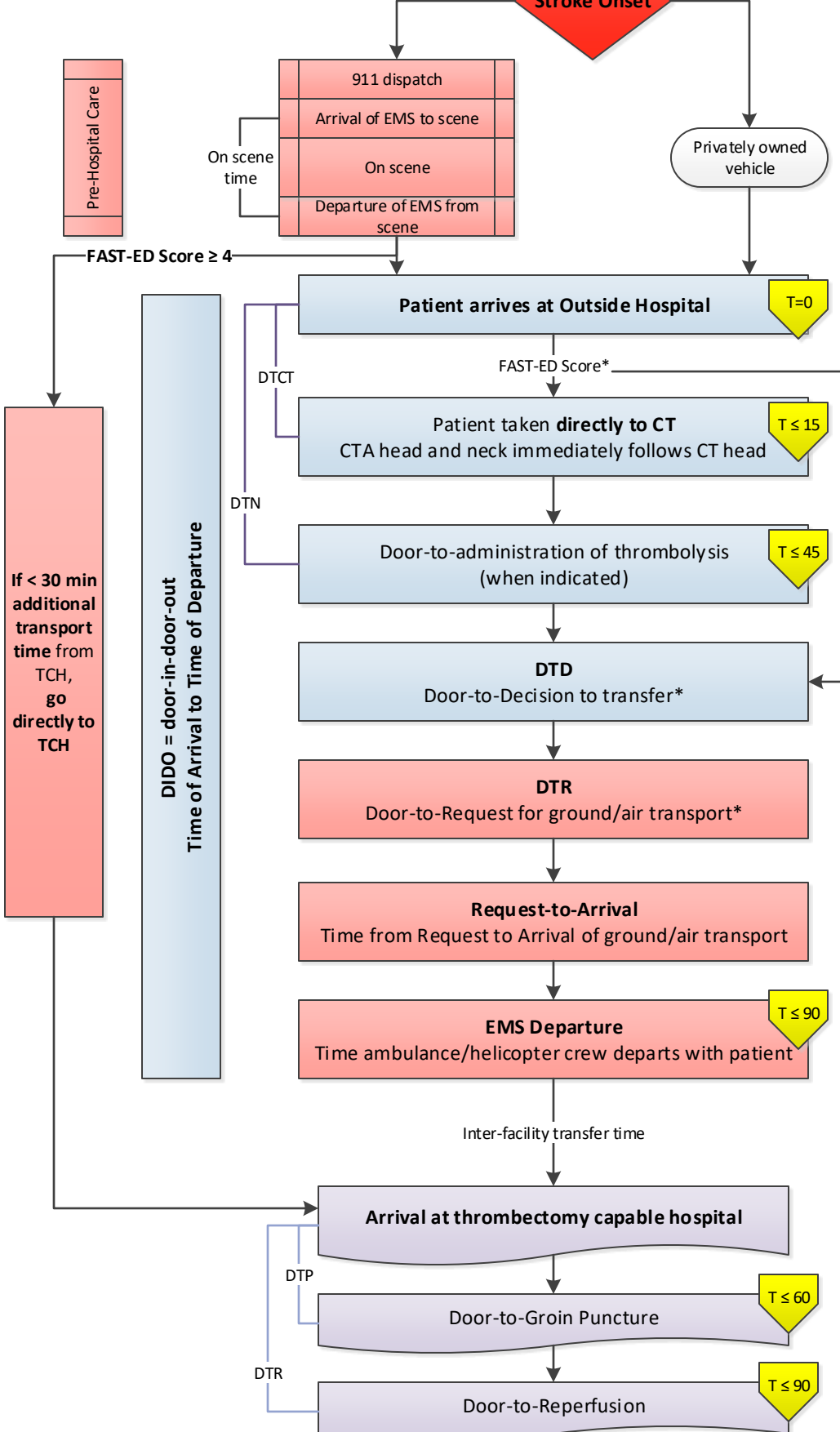


# Optimizing Inter-facility Transfers for Acute Stroke Care

Onset-to-Reperfusion Time



- EMS**
- CPSS ≥ 1 → FAST-ED ≥ 4
  - LKW ≤ 24 hours
  - FSBG > 70
  - Places 2 large bore IVs
  - Asks 3 lytic questions
  - **Obtain phone # of witness**
  - **Pre-notification with field activation of CT scanner**
  - **Rapid transport**

- Stroke Team activated:**
- Stroke Order Set used
  - Check IVs
  - Draw & send STAT labs
  - Check FSBG if not already done
  - Pt confirmed to be medically stable for CT
  - Repeat FAST-ED Score
  - Review answers to 3 lytic questions & rest of eligibility criteria

- \*If FAST-ED ≥ 4 and pre-stroke mRS < 4:**
- Transport plan begun before CT**
- Local ground
  - Long distance ground
  - LifeFlight
  - Ferry EMS if on an island

- Complete Stroke Eval**
- Neurology/TeleStroke Consult
  - Radiologist reviews images
  - BP checked
  - Consent obtained for lytics/transfer

- Transfer of Care**
- Communication with TCH
  - Communicating with patient/patient representative
  - Complete documentation
    - EMTALA forms
    - EMS Inter-facility transfer sheet
    - EMS Stroke Orders

Use EMS Stroke Transfer Order Set

Use EMS Inter-Facility Communication work sheet

- EMS**
- **STAT ED-to-ED transfer to TCH**
  - Close monitoring of vital signs and neurological status during transport
  - Maintain BP goals during transport

- Thrombectomy Capable Hospital Care:**
- Pre-activation of IR staff, anesthesiologist and neurointerventionalists
  - IR suite ready at time of pt arrival
  - Stroke Team meets pt at the door
  - Direct-to-CT for CT perfusion
  - Imaging reviewed
  - Appropriate candidates taken directly from CT scanner to IR suite