

SETRAC

EMS Bypass Guideline



Why do we need an EMS guideline?

- Department of State Health Services (DSHS) rule under Emergency Medical Care in the Texas Administrative Code.
- Stakeholder request
 - With introduction of CSC, guidance for EMS agencies on bypass criteria was requested.
- Supports National Guidelines (AHA/ASA)

Department of State Health Services (DSHS) Cardiovascular Health and Wellness Program

- Stroke Systems of Care Initiative
 - In consultation with the DSHS Office of EMS and in collaboration with the AHA and ASA is developing Stroke System of Care.
 - Four components of the systems are addressed by the initiative
 - Development of Stroke Committee in RAC
 - **Development of Stroke Transport Protocols**
 - Emergency Medical Services Training
 - Development of Stroke Centers Within Hospitals

Department of State Health Services (DSHS)

Cardiovascular Health and Wellness Program

Stroke Transport Protocols

3. Instruct paramedics to take patients to the highest level state designated Stroke Center if available within the region. In making this determination, distance and time parameters should be considered. **There should be no more than a 15 minute delay caused by taking a patient to the next highest level of stroke care.** Where the available stroke care level and Stroke Centers are comparable, a scheme should be developed to ensure a fair distribution of patients among qualified Stroke Centers/Facilities except for patient preference.

Texas Administrative Code

- Title 25

- Part 1

- Chapter 157

- Subchapter G

- Rule 157.133

Requirements for Stroke Facility Designation

Texas Administrative Code

RAC Responsibilities

- (s) A RAC should develop a stroke system plan based on standard guidelines for comprehensive system development. The stroke system plan is subject to review and approval by the department.
 - (3) the following components have been addressed:
 - (E) pre-hospital triage criteria;
 - (F) diversion policies;
 - (G) bypass protocols—guidelines for emergency transport of patients, who are eligible within the timeframe for US FDA approved stroke care therapies, to the highest designated stroke center;

Texas Administrative Code

Regional Stroke Guidelines

- (l) regional stroke treatment guidelines:
 - (i) guidelines consistent with current standards shall be developed, implemented and evaluated;
 - (ii) individual agencies and medical directors may, and are encouraged, to exceed the minimum standards;

Models of Pre hospital Stroke Scales

- Los Angeles Pre hospital Stroke Screen (LAPSS)
 - Rapid identification of stroke
 - Simple
- Cincinnati Stroke Scale
 - Presence of stroke
 - Simple
- Miami Dade FD
 - Identification and severity
 - comprehensive

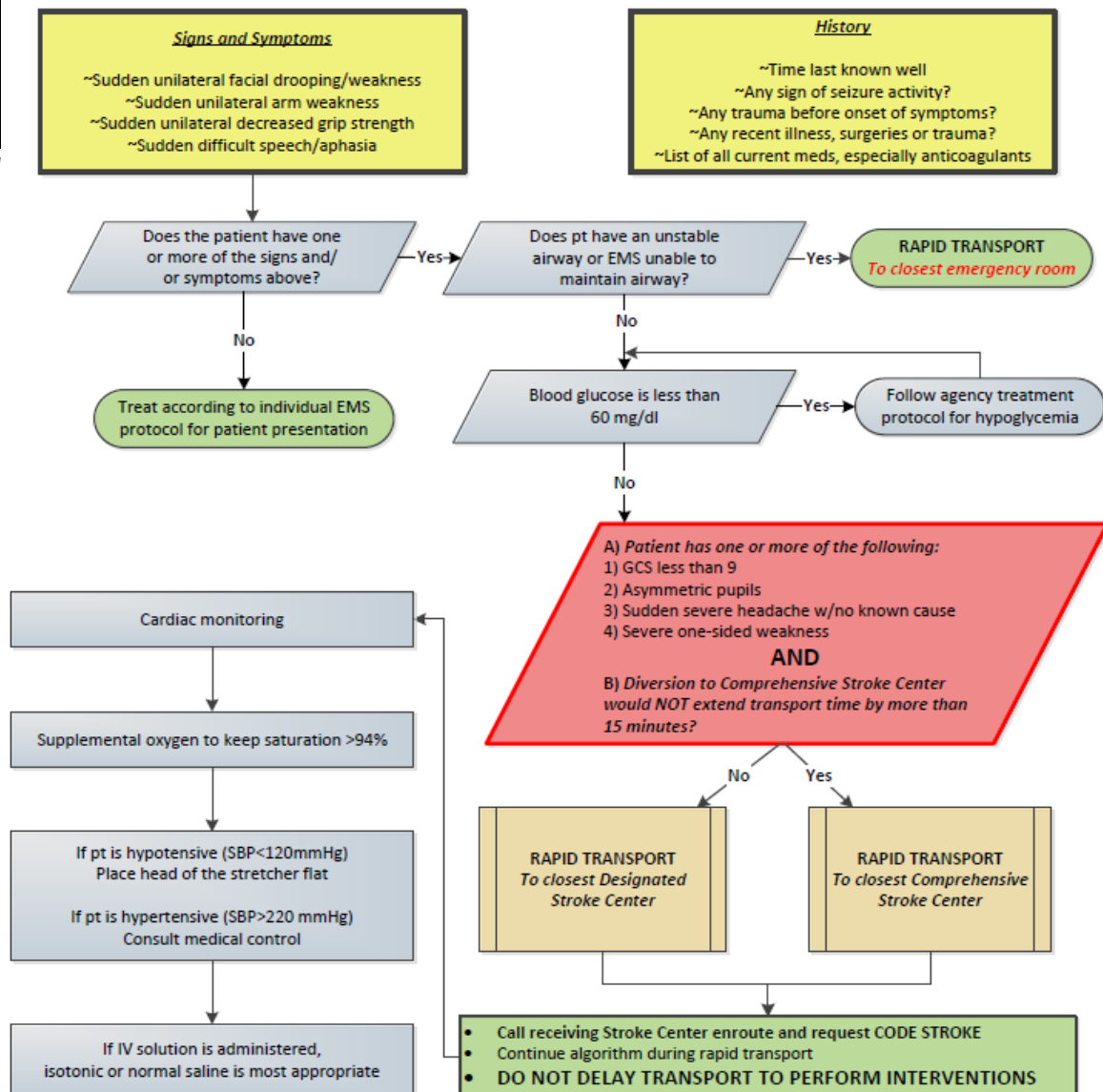
The Southeast Texas Assessment and Transport Stroke tool (STATS)

- Physician input/consensus
 - Stroke Program Medical Director and EMS Medical Director Meetings met jointly
 - May 2
 - Feedback via email
 - June 27
 - Feedback via email
 - Purpose – produce a pre hospital stroke tool for EMS
 - Identification of Stroke
 - Severity indicators
 - Address CSC and PSC triage



STROKE – Suspected Neurological Event Pre-hospital Guideline

- Produced a guideline that addressed **time**
- and severity**
- Resolution was passed at the SETRAC October Board Meeting



This is a Regional Guideline. Final authority for patient destination is based on individual agency EMS medical direction. Always follow your agency protocol for patient treatment and consider your proximity to the closest Designated Stroke Center.

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Board Meeting Recommendations

- The board agreed to delay adoption for six months in order for certain actions to be taken in advance of implementation
- Provide EMS education
- Develop a data registry to support the intent of this resolution (AHA “Get With The Guidelines”)
- Propose patient transfer policies that enable prompt transfer
- Create an IAP model
- Reassess the Guideline and the Assessment tool in 2014 and periodically thereafter.

Destination Decisions

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- This is a Regional Guideline
- Final authority for patient destination is based on individual agency EMS medical direction.
- Always follow your agency protocol for patient treatment and consider your proximity to the closest Designated Stroke Center.



Effective Date: May 2014

STROKE – Suspected Neurological Event Pre-hospital Guideline

Signs and Symptoms

- ~Sudden unilateral facial drooping/weakness
- ~Sudden unilateral arm weakness
- ~Sudden unilateral decreased grip strength
- ~Sudden difficult speech/aphasia

History

- ~Time last known well
- ~Any sign of seizure activity?
- ~Any trauma before onset of symptoms?
- ~Any recent illness, surgeries or trauma?
- ~List of all current meds, especially anticoagulants

Does the patient have one or more of the signs and/or symptoms above?

Yes

Does pt have an unstable airway or EMS unable to maintain airway?

Yes

RAPID TRANSPORT

To closest emergency room

No

Treat according to individual EMS protocol for patient presentation

No

Blood glucose is less than 60 mg/dl

Yes

Follow agency treatment protocol for hypoglycemia

A) Patient has one or more of the following:

- 1) GCS less than 9
- 2) Asymmetric pupils
- 3) Sudden severe headache w/no known cause
- 4) Severe one-sided weakness

AND

B) Diversion to Comprehensive Stroke Center
would **NOT** extend transport time by more than
15 minutes?

No

Yes

RAPID TRANSPORT
*To closest Designated
Stroke Center*

RAPID TRANSPORT
*To closest Comprehensive
Stroke Center*

- Call receiving Stroke Center enroute and request CODE STROKE
- Continue algorithm during rapid transport
- **DO NOT DELAY TRANSPORT TO PERFORM INTERVENTIONS**

The Southeast Texas Assessment and Transport Stroke Tool (STATS)

EFFECTIVE DATE: May 2014

The Southeast Texas Assessment and Transport Stroke tool (STATS)

Date: _____

Time of Call: _____

Patient Name: _____

CC: _____

Time Last Known Well: _____

BP: _____

Pulse: _____

Glucose: _____

STATS ASSESSMENT

Sudden Unilateral Facial drooping/weakness	Yes	No
Sudden Unilateral Arm weakness/drift	Yes	No
Sudden Unilateral Decreased Grip Strength	Yes	No
Sudden Difficult speech/aphasia	Yes	No
Blood glucose greater than 60 mg/dl	Yes	No

Treat BG according to agency
protocol then re-evaluate

If you answered "yes" to one or more of questions above, your patient might be having a stroke.

The Southeast Texas Assessment and Transport Stroke Tool (STATS)

To determine closest, most appropriate facility, answer the questions below:

STATS TRANSPORT DECISION CRITERIA

- | | | |
|--|-----|----|
| 1) GCS less than 9 | Yes | No |
| 2) Asymmetric pupils | Yes | No |
| 3) Sudden severe headache (w/no known cause) | Yes | No |
| 4) Severe one-sided weakness | Yes | No |

A) Patient has one or more of the signs/symptoms listed in 1-4,
AND

B) **Diversion** to Comprehensive (Level 1) Stroke Center will NOT extend transport by more than **15 minutes**.

If "YES" to both criteria: Immediately transport patient to the closest Comprehensive (*Level 1*) Stroke Center

Enroute, call receiving hospital with "CODE STROKE" and follow your treatment protocol.