



Stroke Care 2006: Clinical Consensus and Opportunities

Stroke in the Prehospital and ED Settings: When Should EMS triage & Inter-hospital Transfer occur?

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Learning Objectives

- Discuss how and why direct EMS triage to specialized stroke centers should take place.
- Determine under what circumstances the inter-hospital transfer of ischemic stroke patients should take place when specialized stroke care is desired.

Background

In order to optimize the care of stroke patients, primary stroke center certification has been established by the JCAHO. In addition to these resources, there currently exist tertiary centers that provide specialized stroke care, and there are plans to certify comprehensive stroke centers. Given that these resources exist, the question arises whether or not stroke patients should be triaged directly from the prehospital setting to these specialized stroke care institutions. Surrounding this questions are issues such as the ability to identify stroke patients accurately, the potential benefit of the triage, and the financial and systems implications of the triage process. Already some governmental agencies have established that this triage take place, and research has suggested benefit from this practice. What should be the future of the EMS triage of these stroke patients?

When stroke patients are not triaged to specialized stroke centers but are instead treated in hospital EDs that are staffed by emergency physicians, when should stroke patients be transferred to another institution because of the availability of diagnostic and treatment modalities that will improve outcome? This question also should be addressed as more stroke center resources develop.

Key Clinical Questions

When and why should stroke patients in the EMS setting be traiged to specialized stroke centers?

When should interhospital transfer of stroke patients from EDs to specialized stroke centers occur?