



EMS Triage and ED Stroke Patient Transfer: What Strategies Optimize the Diagnosis, Treatment, and Outcomes of Ischemic Stroke Patients?

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Learning Objectives

- Establish the key concepts that guide the decision making in the diagnosis and treatment of acute ischemic stroke patients.
- Evaluate stroke care systems, the role of tertiary and stroke centers, prehospital triage, and ED patient transfer in the management of acute ischemic stroke patients.
- Determine what data must be provided to practitioners in order to better understand which patients will benefit most from EMS triage or ED transfer to specialty centers for advanced diagnostics and therapeutics.

Background

Although IV tPA can be provided to acute ischemic stroke patients in most comprehensive EDs, advanced diagnostic and therapeutic modalities are most often available only in specialty centers. Which patients are triaged or transferred to these centers depends on a better understanding of what capabilities exist in these centers and how they can be accessed in order to improve stroke patient outcomes.

Key Clinical Questions

- What EMS triage protocols exist for prehospital stroke patients?
- What patients are selected for selective EMS triage, to where are they transferred, and why?
- What is the outcome enhancement of these EMS triage protocols?
- Should EMS direct triage to stroke specialty centers be done because of advanced stroke care capabilities at specialty centers?
- Which stroke patients should be transferred between hospitals for advanced stroke diagnostics and therapies that are not universally available?
- Have the demographics and outcomes of stroke patients who are transferred between hospitals for advanced diagnostics and therapeutics been published, and what does the data suggest?