

STROKE LEVELS OF CARE & BYPASS PROTOCOLS

Similar to trauma center levels, different Stroke Centers may be certified to offer different treatment options. tPA capable/Acute Stroke Ready facilities are able to administer thrombolytics (tPA) but may lack resources to provide advanced care for the stroke patient. Primary Stroke Centers can also administer thrombolytics as well as provide after care and specialized protocols for Stroke patients.

Comprehensive Stroke centers offer both thrombolytics and endovascular procedures, offer a full spectrum of services and will accept any type of stroke.

If LVO is suspected, contact Medical Control for advisement on hospital bypass to a stroke center where endovascular rescue techniques are available.

UPSTATE TELESTROKE NETWORK

Through partnerships with the Fort Drum Regional Health Planning Organization and regional EMS agencies, Upstate is ensuring the most reliable stroke care, anywhere.

Started in 2015, the Upstate Telestroke Network has already positively impacted stroke care for patients in the large CNY geographical area that we serve. Our Stroke Program is partnered with numerous regional hospitals with the common goal of providing comprehensive expert stroke care, despite geographical limitations.

- 1 SAMARITAN MEDICAL CENTER
- 2 RIVER HOSPITAL
- 3 CARTHAGE AREA HOSPITAL
- 4 CLAXTON-HEPBURN MEDICAL CENTER
- 5 CORTLAND REGIONAL MEDICAL CENTER
- 6 GOUVENEUR HOSPITAL
- 7 CANTON-POTSDAM HOSPITAL
- 8 LEWIS COUNTY GENERAL HOSPITAL
- 9 CLIFTON-FINE HOSPITAL
- 10 ROME MEMORIAL HOSPITAL
- 11 UPSTATE UNIVERSITY HOSPITAL COMMUNITY CAMPUS

DESIGNATED STROKE CENTER

New York State Department of Health

The American Heart Association and American Stroke Association recognize this hospital for achieving Target: Stroke Honor Roll-Elite Plus which indicates that the time to thrombolytic therapy was within 60 minutes in 75% or more of acute ischemic stroke patients treated with IV tPA AND time to thrombolytic therapy within 45 minutes in 50% of acute ischemic stroke patients treated with IV tPA

UPSTATE COMPREHENSIVE STROKE CENTER

EMS AND STROKE UPDATES

ASK FOR THE EXPERTS.



UPSTATE COMPREHENSIVE STROKE CENTER



750 EAST ADAMS STREET
SYRACUSE, NEW YORK 13210

THE REGION'S FIRST
COMPREHENSIVE STROKE CENTER



STROKE SCALES

Stroke is the 5th leading cause of death and disability. Patient outcomes depend on how quickly blood flow can be restored to the damaged area of the brain. Stroke scales are standardized assessment tools used to identify stroke and establish a path to reperfusion. Treatment options for stroke include thrombolytic medications such as tPA, that aim to dissolve or break up the clot, as well as interventional endovascular procedures called thrombectomies (similar to a cardiac catheterization) targeted at thrombus removal. To be successful, early recognition and identification by EMS is critical. Newer alternate assessment scales have been shown to help detect large vessel occlusions (LVO) by adding additional assessment points.

The Cincinnati Prehospital Stroke Scale (CPSS) is the only NYS required stroke scale to be utilized but also consider **EYE DEVIATION** and **DENIAL/NEGLECT** as an indicator of LVO.

FAST-ED



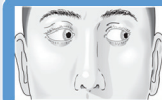
Facial droop



Arm weakness



Speech difficulty



Eye deviation

-AND/OR-

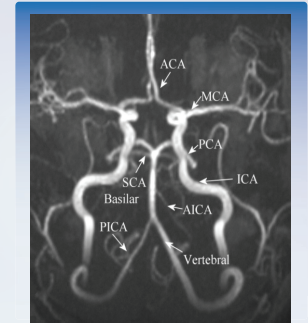


Denial/Neglect

LVO IS THE NEW STEMI

Large Vessel Occlusion (LVO)

LVO is a type of stroke where a major cerebral artery is blocked, much like how a major coronary artery is blocked with STEMI. LVO strokes have the highest rate of mortality and poor outcomes¹. Thrombolytics (tPA) are the standard of care for acute ischemic stroke but may not work as a stand-alone treatment for LVO. Recent studies have shown that combined thrombolytics (tPA) and endovascular procedure are the most effective treatment methods¹.



Smith, Eric E., and Lee H. Schwamm. "Endovascular Clot Retrieval Therapy." *Stroke* 46.6 (2015): 1462-1467.
Broeg-Morvaj, Anne, et al. "Direct Mechanical Intervention Versus Combined Intravenous and Mechanical Intervention in Large Artery Anterior Circulation Stroke." *Stroke* 47.4 (2016): 1037-1044.

CINCINNATI PREHOSPITAL STROKE SCALE (CPSS)

- Facial Droop
- Arm/leg weakness
- Slurred speech

ADVANCED NOTIFICATION

Your pre-notification call begins the stroke chain of survival. Please include the following information:

- EXACT time of onset/last known well
- CPSS/alternate stroke scale findings
- Blood Glucose value

If possible, transfer your stroke patient with two large bore IV's for access.

Include telephone contact information of next of kin and/or witness for additional questions/information.



Can your patient move both eyes equally or do they have a gaze preference to the left or right? Does your patient have full vision in both eyes or are they experiencing a visual field cut? Answering yes to either of these questions could mean you have potentially detected a large vessel occlusion.

Posterior circulation stroke affects around 20% of all ischemic strokes and can potentially be identified by looking at the "Five D's": Dizziness, drowsiness, dysarthria, diplopia and dysphagia.