



CANADIAN STROKE BEST PRACTICE RECOMMENDATIONS

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Box 3B: Considerations in EMS Transport Decisions

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Box 3B Considerations in EMS Transport Decisions

The following elements should be considered when making transport decisions for patients with suspected acute stroke:

1. An EMS system should be set up to triage patients exhibiting signs and symptoms of an acute stroke as a high priority for evaluation, response, and transport.
2. The patient's presenting signs and symptoms.
3. Anticipated transport time, including bypass time.
4. The probability that the patient is acutely treatable with either intravenous thrombolysis and/or EVT:
 - a. Patients are eligible for intravenous thrombolysis within 4.5-hours of known or presumed symptom onset or last known well
 - b. Some patients may be eligible for endovascular thrombectomy when highly selected by neurovascular imaging up to 24 hours from known or presumed symptom onset or last known well. Transport time and receiving hospital projected treatment time must be considered when making transport and triage decisions.
5. The emergency department's ability to provide acute intravenous thrombolysis within a target 90th percentile for door-to-needle (i.e., arrival to treatment) time of ≤60 minutes (upper limit) and a target **median** door-to-needle time of ≤30 minutes.
6. Other acute care needs of the patient, including stabilization or advanced airway control that is beyond the capabilities of the responding EMS personnel.
7. **(NEW for 2022)** A system of rapid transport should be available to facilitate the movement of patients from one emergency department to another when time-sensitive stroke-specific care cannot be provided in the emergency department where the patient is first assessed.