



# OFFICE OF EMS STROKE PLAN UPDATES

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## VERBIAGE UPDATES

- Hospitals are accredited, and stroke programs are certified via multiple bodies
  - Joint Commission (TJC), Det Norske Veritas (DNV), and Accreditation Commission for Health Care (ACHC).
- 24-hour window of witnessed onset or last known baseline
- Replacing “first” step with “critical steps”
- Recognition of BEFAST/FAST
- Use of “facility” instead of “hospital” to recognize those that can deliver stroke care.

## CLARIFYING BETWEEN ASSESSMENT AND SEVERITY TOOLS

- There is a difference between Stroke Assessment Tools such as CPSS and BEFAST and stroke Severity Tools such as RACE and VAN. The Stroke Severity Tools are not designed to replace a basic Stroke Assessment tool but to guide destination decisions for potential LVOs.

# ADDITIONS



PREHOSPITAL STROKE  
RECOGNITION SECTION



PRE-HOSPITAL  
DESTINATION DECISION  
MAKING AND INTER-  
FACILITY TRANSPORT  
HAS UNDERGONE A  
TOTAL REWRITE



CONSIDERATION FOR  
PARALLEL ACTIVATIONS  
FOR STROKE AND  
TRAUMA ACCORDING  
TO INDEX OF SUSPICION



CONSIDERATIONS FOR  
PEDIATRIC STROKE



## ALGORITHMS AND CHECKLISTS

- Currently the following have been assigned for complete rewrites:
  - Acute Field Stroke Triage Decision Scheme
  - EMS Thrombolytic Candidate Checklist
  - Post Thrombolytic EMS/inter-facility Transfer sheet

These documents were largely found to be out of date or difficult to navigate in a timely manner.

# FINE TUNING



VETTING FOR EASE OF USE  
FROM INTENDED AUDIENCE



ONE SHEET ALGORITHMS  
FOR EMS PROVIDERS



CLEANING UP LANGUAGE,  
INCONSISTENCIES AND  
ABSOLUTE STATEMENTS

SPECIAL THANK  
YOU!!!

Dr. George Lindbeck

Kathryn Funk

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Stacie Stevens