



Advisory 21-10: Change to Stroke Prenotification Window

To: All EMS Agencies and Providers

From: Jeremy T. Cushman, Regional Medical Director 

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Interventions to improve outcomes in stroke care have now pushed the treatment window to within 24 hours of Last Known Well (LKW). Current NYS Collaborative Protocols indicate Emergency Department (ED) prenotification within 3.5 hours since LKW. These protocols do allow for regional modification.

After discussion with all area health care systems, and in coordination and support of both the Finger Lakes and Monroe-Livingston REMAC's, **effective Monday, August 9, 2021 EMS providers are expected to provide ED prenotification for stroke patients within 24 hours of LKW.**

The MLREMS Cerebrovascular Accident Care Bundle has been updated to reflect this change.

Do not hesitate to contact this office with any questions.

web www.mlrems.org
phone (585) 463-2900
fax (585) 473-3516

office
44 Celebration Drive, Suite 2100
Rochester, NY 14620

mailing
601 Elmwood Avenue, Box 655
Rochester, NY 14642



Cerebrovascular Accident Care Bundle

Metric	Goal
Early Identification	Within 5 minutes of patient contact
Cincinnati Stroke Scale	Obtained during initial assessment and documented
Time Last Known Well	Obtained and documented; green stroke sticker applied
On Scene Time	10 minutes or less
Prehospital Notification	Within 5 minutes of identification
Blood Glucose	Obtained and documented
Anticoagulant Use	Determined and documented
Surrogate Contact Information	Obtained and documented; green stroke sticker applied

Theory/Evidence

Early Identification

- Early identification of patients with suspected stroke is critical to facilitate focused evaluation and minimizing on scene time.

Cincinnati Stroke Scale

- The Cincinnati Stroke Scale is expected to be performed and documented when assessing for evidence of a stroke. A positive scale is constituted by one or more positive finding(s): pronator drift, facial droop, or slurred speech.

Time Last Known Well

- The most critical piece of information that determines a stroke patient's eligibility for treatment is the time last known well. This time must be clearly communicated upon transfer of care and documented in the medical record. The green stroke sticker aids in communicating this information to hospital providers.

On Scene Time

- Patients with a stroke should be expediently moved to a stroke center with a goal on scene time of less than 10 minutes.

Prehospital Notification

- Prehospital notification should be completed on all patients with a last known well time of <24 hours and mobilizes essential hospital resources prior to the arrival of the patient.

Blood Glucose

- A blood glucose should be performed on all potential stroke patients to exclude symptomatic hypoglycemia as an etiology of the patient's presentation. Determination of blood glucose should not significantly delay scene time.

Anticoagulant Use

- A patient on anticoagulants (Coumadin/Warfarin, Xarelto/Rivaroxaban, Pradaxa/Dabigatran. Etc) can change Emergency Department treatment options and determining this in advance can help guide care.

Surrogate Contact Information

- A piece of critical information for the treatment team is having reliable contact information for a surrogate (witness) to help make treatment determinations. The green stroke sticker aids in communicating this information to hospital providers.