

Stroke Point of Entry Plan (S-PEP)

EMS operational definition of acute stroke:

Presence of symptoms < 2 hr duration (or since last seen at baseline) according to the Boston Stroke Scale (BOSS) **or** other concerning neurologic signs consistent with stroke. Other neurologic signs include:

- sudden onset dizziness with inability to walk
- double vision and eye movement abnormalities
- weakness affecting the leg

1. Following the Mass EMS Pre-hospital Treatment Protocols for Acute Stroke, establish a diagnosis of possible acute stroke based on BOSS scale (Protocols Appendix Q)
2. Establish time of onset and last time seen at baseline
3. If stroke symptoms present and time from onset of symptoms to hospital arrival will be ≤ 2 hours, transport patient to nearest appropriate DPH-designated Primary Stroke Service (PSS)*
4. Notify receiving facility as early as possible

* **Determining most appropriate transport:**

1. The goal is to transport patient to PSS within 2 hours of symptom onset. Choose the most appropriate mode of transport (air, ground, etc.) and destination to achieve this.
2. If patient has depressed level of consciousness, compromised airway control, known hypoglycemia, suspected severe hypoglycemia (diaphoretic and a known diabetic), or is hemodynamically unstable, it may be more appropriate to transfer to nearest receiving hospital for acute stabilization.
3. If CT Scan capability is unavailable at the nearest PSS (e.g., "Cautionary Status"), the patient should be transported to the next nearest appropriate PSS as per above guidelines.
4. If the patient will arrive at the PSS more than 2 hours after symptom onset, transport should be instead to nearest hospital. This time-guideline may be revised in the future as new therapies extend the stroke treatment time-window.