NCCEP Stroke Protocols

Stroke Triage and Destination Plans

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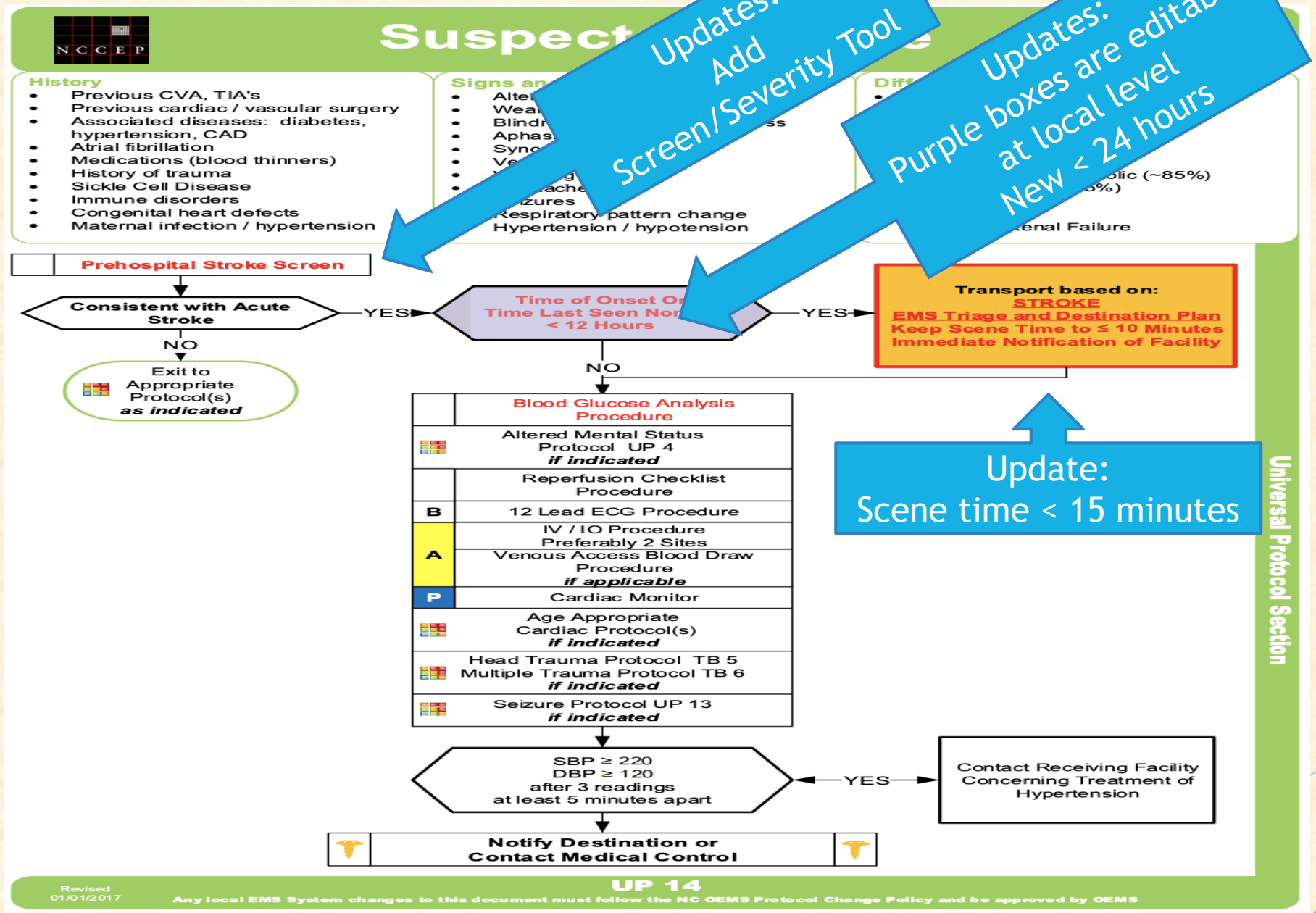
NCCEP Stroke Protocol

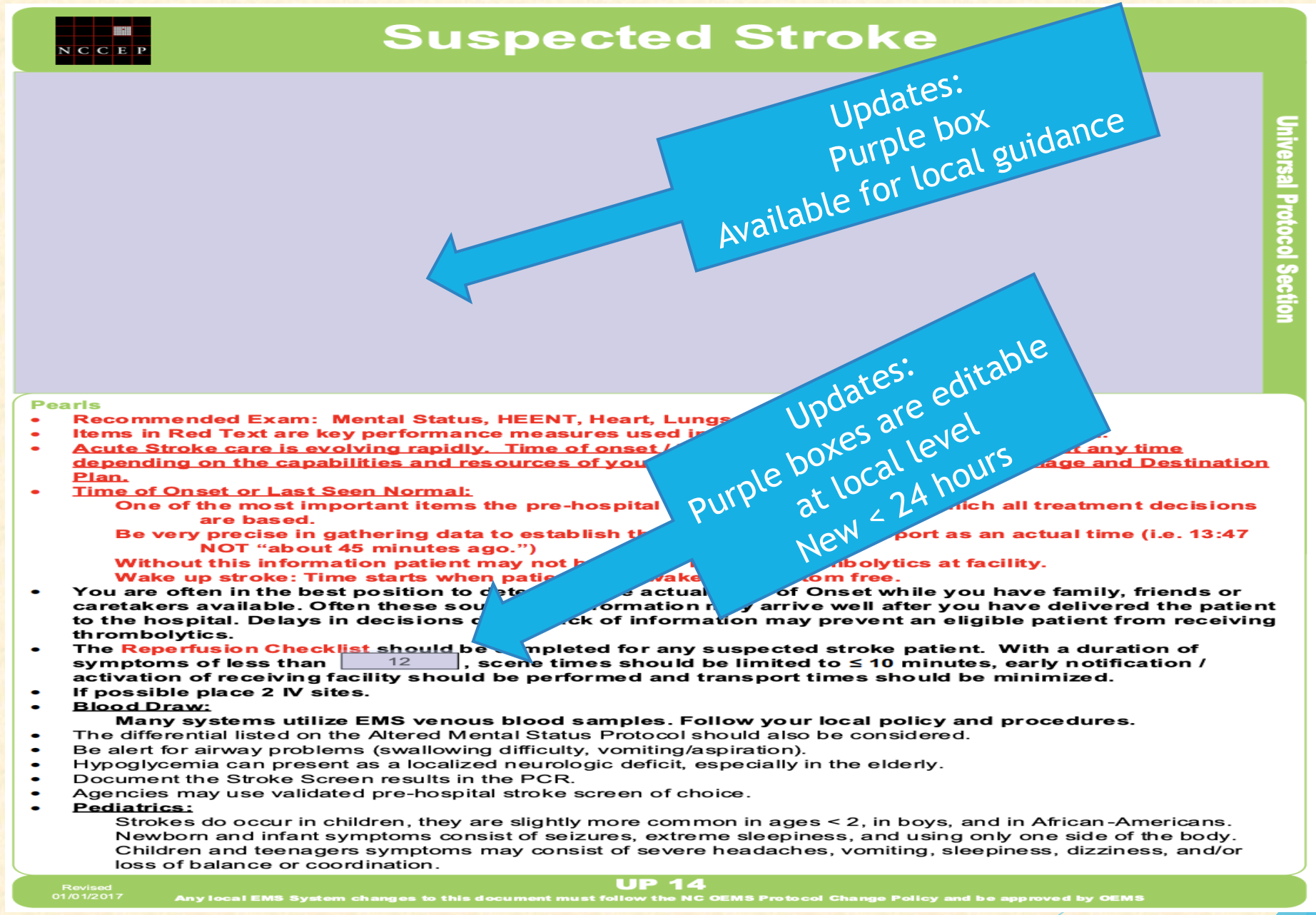


Updates:
Add
Screen/Severity Tool

Updates:
Purple boxes are editable
at local level
New < 24 hours

Update:
Scene time < 15 minutes

NCCEP Stroke Protocol



NCCEP Stroke Protocol

- Acute Stroke care is evolving rapidly. Time of onset / last seen normal may be changed at any time depending on the capabilities and resources of your hospital based on Stroke: EMS Triage and Destination Plan.
- Time of Onset or Last Seen Normal:
  - One of the most important items the pre-hospital provider can obtain, of which all treatment decisions are based.
  - Be very precise in gathering data to establish the time of onset and report as an actual time (i.e. 13:47 NOT "about 45 minutes ago.")
  - Without this information patient may not be able to receive thrombolytics at facility.
  - Wake up stroke: Time starts when patient last awake or symptom free.

- You are often in the best position to determine the actual Time of Onset while you have family, f… … caretakers available. Often these sources of information may arrive well after you have delivered the patient to the hospital. Delays in decisions due to lack of information may prevent an eligible patient from receiving thrombolytics.

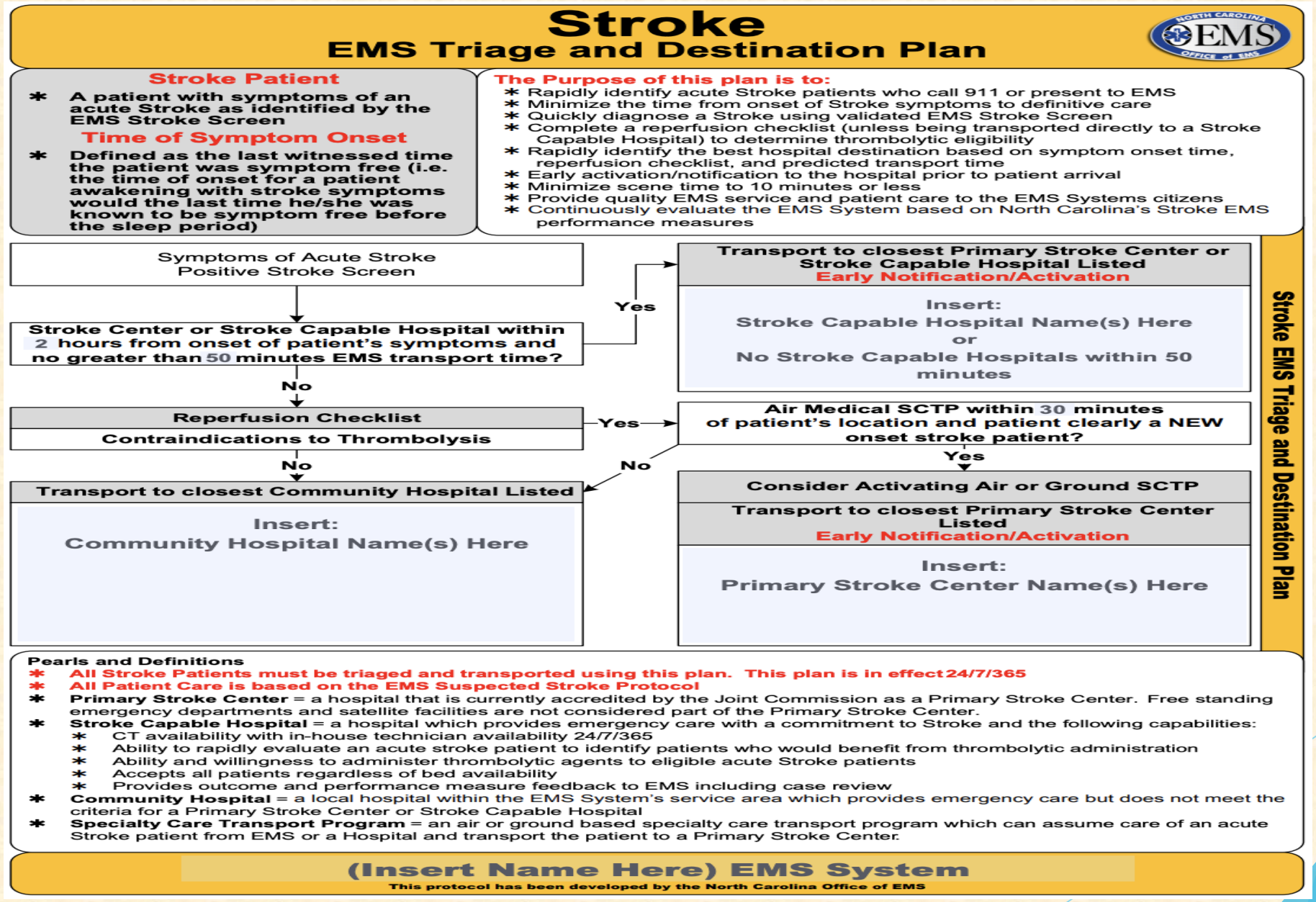
Updates:
Add obtain phone number of bystander LKW

NCCEP Stroke Protocol

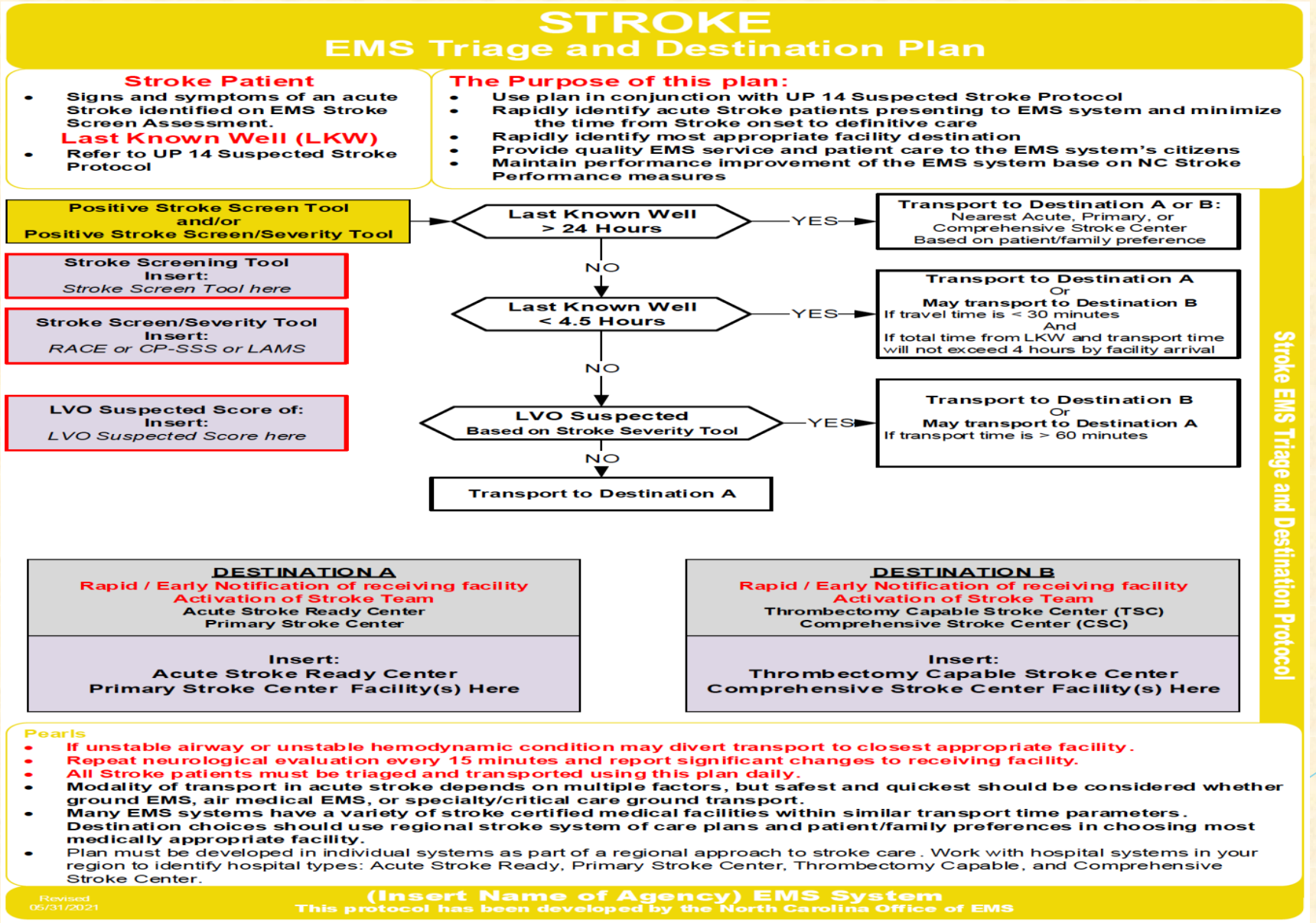
- **Pediatrics:**

  Strokes do occur in children, they are slightly more common in ages < 2, in boys, and in African-Americans. Newborn and infant symptoms consist of seizures, extreme sleepiness, and using only one side of the body. Children and teenagers symptoms may consist of severe headaches, vomiting, sleepiness, dizziness, and/or loss of balance or coordination.

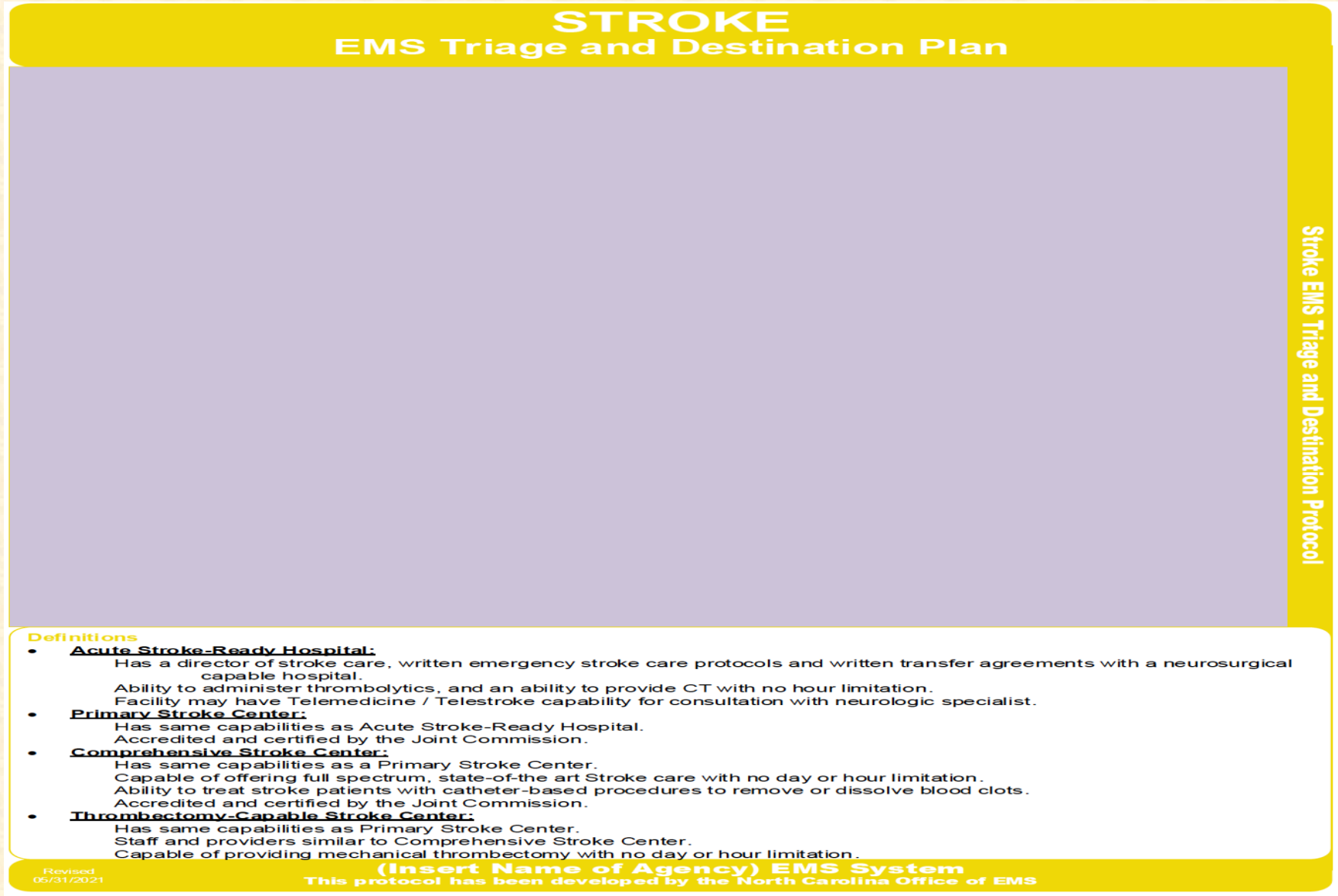
NCCEP Stroke Triage and Destination Guide



NCCEP Stroke Triage and Destination Guide Draft 2021



NCCEP Stroke Triage and Destination Guide Draft 2021



NC SB 683 (2021-22 Session)

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2021

S **1**

SENATE BILL 683

Short Title:	Prehospital Stroke Protocols/EMS Personnel.	(Public)
Sponsors:	Senator Perry (Primary Sponsor).	
Referred to:	Rules and Operations of the Senate	

April 8, 2021

A BILL TO BE ENTITLED

AN ACT REQUIRING THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO ADOPT RULES CONCERNING PREHOSPITAL STROKE PROTOCOLS FOR EMERGENCY MEDICAL SERVICES PERSONNEL.

The General Assembly of North Carolina enacts:

SECTION 1. Article 7 of Chapter 131E of the General Statutes is amended by adding a new section to read:

"**§ 131E-159.5. Rules to establish EMS protocols for treating and transporting stroke patients.**

(a) The Department shall adopt rules to establish evidence-based protocols for prehospital assessment, treatment, and transportation of stroke patients by emergency medical services personnel. The rules shall include at least the following:

(1) Clear and specific guidelines concerning entry and transfer plans for patients with suspected large vessel occlusion that results in the patients receiving care at the most appropriate hospital designated as a primary stroke center.

(2) Required education and training for emergency medical services personnel on the assessment and treatment of stroke patients, including those with suspected large vessel occlusion.

(b) Each holder of an ambulance permit under this Article shall implement the stroke protocols adopted pursuant to subsection (a) of this section and provide regular training to licensed emergency medical services personnel employees on the assessment and treatment of stroke patients, including those with suspected large vessel occlusion."

Current NC EMS Laws/General Statutes

- NC already has robust laws governing EMS treatment protocols, polices, procedures, and triage and destination guides
- NCCEP responsible for writing and updating documents
- When NCCEP finalizes a version, it then is referenced into rule immediately
  - This allows immediate changes to occur
  - Flexible
  - Responsive to changing EBM practices
  - Responsive to best-practices
- Many states codify EMS protocols into law through the legislature
  - When necessary changes are needed, this may take months to years to effect a change

Current NC EMS Laws/General Statutes

- SB 683 (2021-22)

- Redundant in that numerous NCAC already require the same information
- Problematic in listing a specific disease entity like LVO
  - LVO determination is difficult in the field
  - May direct patient away from more timely care locally
  - LVO could be replaced by any other disease state going forward like STEMI

Current NC EMS Laws/General Statutes

- 10 A NCAC 13P:
  - .0201 EMS Systems
    - Continuing education requirement based on multiple factors
    - Already requires Triage and Destination guidelines for providers requiring specialized care and bypass of facilities

Current NC EMS Laws/General Statutes

- 10 A NCAC 13P:
  - .0401, .0403, .0405 Medical Oversight for EMS
    - Medical director
    - Written treatment protocols
    - Standardized statewide protocols by NCCEP codified into NCAC upon update and publishing
    - Allows changes specific to system that will enhance care
    - Peer Review Committee

Current NC EMS Laws/General Statutes

- 10 A NCAC 13P:
  - 131E-155 Definitions
    - Peer Review Committee
      - Meet at least quarterly
      - Analyzing patient care and outcome data
      - Multidisciplinary
      - Members from hospitals within EMS service delivery

Current NC EMS Laws/General Statutes

- Closing
  - Stroke care is local and regional
  - EMS systems currently are expected to partner with stroke hospitals to form a transportation strategy which optimizes care
  - EMS Triage and Destination Guidelines are difficult to address regional differences in a statewide manner
  - NC leads most states in EBM protocols and the ability for quick changes when evidence demonstrates the need