|  |  |
| --- | --- |
| **DEPARTMENT OF PUBLIC HEALTH****Office Of Emergency Medical Services****K:\Communications\Resources & Templates\DPH Logos\DPHLogo_Black.png67 Forest Street, Marlborough, MA 01752** | **Massachusetts Statewide Stroke Point-of-Entry Plan (S-PEP)** |

# Massachusetts Statewide Stroke Point-of-Entry Plan (S-PEP)

EMS operational definition of acute stroke:

Presence of symptoms < 24 hr duration (or since last seen at baseline) according to the FAST-ED **or** other concerning neurologic signs consistent with stroke. Other neurologic signs include:

* sudden dizziness
* inability to walk
* double vision and eye movement abnormalities
* weakness affecting the leg
1. Following the applicable Massachusetts Statewide Treatment Protocol for Stroke (adult or pediatric), establish a diagnosis of possible stroke based on FAST-ED Stroke Scale
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 < 24 hours, transport patient to nearest appropriate Massachusetts Department of Public Health-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.

Original issue: 7/1/2005; Last Revised 4/12/2021