



Medical Directive

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| Directive Number | <u>16-06</u> |
| Publish Date | <u>04 May 2016</u> |
| Effective Date | <u>18 May 2016</u> |
| Subject | <u>Transport to Primary Stroke Centers and additional Medication updates.</u> |
| Update to Clinical Operating Guidelines v02.17.16 | |

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|--------------------------------|-------------|
| Credentialed System Responder | Information |
| Credentialed EMT (TSP Medic I) | Action |
| Credentialed EMT-Intermediate | Information |
| Credentialed EMT-Paramedic | Action |
| Credentialed EMD | Action |

Over the past several weeks, with direct input from our System Hospital Partners; we have reached a consensus agreement concerning transports to System designed Primary Stroke Centers. In addition to our current Comprehensive Stroke Centers, these Primary Stroke Centers are now approved to receive A/TC EMS System Patients. Transports to these facilities will be made in accordance with Stroke Alert Criterion CS-34 and Hospital Transport Grid CR-13, both are attached for your immediate reference.

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|--|---|---------------------------------------|
| St David's South Austin Medical Center | St. David's North Austin Medical Center | Lakeway Regional Medical Center |
| Scott & White Hospital Round Rock | Seton Medical Center Williamson | St. David's Round Rock Medical Center |
| Seton Medical Center Hays | | |

Additional COG changes included in this Medical Directive:

1. Removal of Proparacaine and Pridoxine from the COGs
2. Remove Glucagon dosing for Beta Blocker ODs for Adults.
3. Cyanokits will be moved to AFD units and, will continue be administered by ALS Credentialed Providers per the COGs.

For the current COGs refer to the OMD web page:

<http://www.austintexas.gov/page/clinical-operating-guidelines>

Please review this information in preparation for the implementation of these changes on May 18, 2016 at 0700 hours.

Thanks for all you do. As always, please let us know if you have any questions. Questions relating specifically to the COGs can be sent to cogs@austintexas.gov

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| COG Changes | Effected Documents |
|--|--|
| Patient Transports to System designated Primary Stroke Centers | Protocol M-18, Clinical Standard CS-34, Clinical Reference CR-13 |
| Remove Glucagon dosing for Beta Blocker ODs for Adults | Protocols C-02, CA-02, M-15, Clinical Reference CR-37, Drug Formulary DF-19 |
| Removal of Proparacaine from System | Protocol M-08, Clinical Procedure CP-30, Clinical Reference CR-37, Drug Formulary DF-34, Table of Contents |
| Removal of Pridoxine from System | Protocol SO-07, Clinical References CR-35, CR-37, Drug Formulary DF-35, Table of Contents |

Stroke Alert Criterion

This criterion is for patients exhibiting current signs and symptoms of a Stroke as evidenced by using the “Cincinnati Prehospital Stroke Scale” (CPSS) Clinical Procedures CP - 14.

If the patient’s current presentation and history (last known well) are suggestive of stroke (≤ 8 hours), early notification (**STROKE ALERT**) and rapid transport to a designated Primary or Comprehensive Stroke Center per Hospital Transport Grid Clinical Reference CR-13 is warranted. The “ALERT” status declaration is made to Communications for their assistance in notification of the Hospital that is selected by the Transport Providers.

Transport Guidelines for patients designated as “STROKE ALERT” are as follows.

If “last known well” is **< 3 hours**.

- These patients are transported to Hospital Facilities that are System designated as Primary **or** Comprehensive Stroke Centers.
- Transporting to a Primary Stroke Center is appropriate if: **the transport time to a Comprehensive Stroke Center is > 15 minutes (approx.) longer than the transport time to a Primary Stroke Center.** This time is **estimated** by the Transport Providers based upon their immediate location and known current traffic/travel conditions. Should traffic/travel conditions deteriorate during transport; the Providers should advise communications and divert to the nearest Primary Stroke Center.

If “last known well” is **≥ 3 hours**.

- These patients are transported to Hospital Facilities that are System designated as Comprehensive Stroke Centers.
- Patients that present with current Stroke signs and symptoms > 8 hours are to be transported to a Comprehensive Stroke Center for an evaluation. These patients’ are **not** considered Stroke Alert Patients.

Patient’s that are without a current Stroke presentation and have a history suggestive of a T.I.A.; are to be transported to a Primary **or** Comprehensive Stroke Center for an evaluation. These T. I. A. patients’ are **not** considered Stroke Alert Patients.

| | Seton Medical Center Williamson | Round Rock Medical Center | University Medical Center | Seton Medical Center Brackenridge | St. David's Medical Center | North Austin Medical Center | Heart Hospital of Austin | South Austin Medical Center | Westlake Medical Center | Seton Northwest Center | Scott & White Hospital | Cedar Park Hospital | Seton Park Regional Medical Center | Lakeway Regional Medical Center | Dell Children's Medical Center | North Austin Medical Center | Children's Medical Center | Seton Southwest Center | St. David's Cedar Park Hospital | St. David's Bee Cave FSED | St. David's Pflugerville FSED |
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| Basic Receiving Facilities | | | | | | | | | | | | | | | | | | | | | |
| All Ages Alpha - Charlie < 20 weeks OB | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | | | |
| All Ages Alpha - Charlie OPEN fractures | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | | | | | |
| Comprehensive Receiving Facilities If OB and STEMI, Stroke, Medical ROSC, or Sexual Assault - must go to a Perinatal Facility with those capabilities. | | | | | | | | | | | | | | | | | | | | | |
| ≥ 18 y/o Alpha - Echo NOT OB | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | |
| STEMI Alert NOT OB | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | |
| Resuscitation Alert NOT OB | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | | | | | | | | | |
| Stroke Alert < 3 hours, NOT OB, and TSP time > 15 min longer to Comp. or all T.I.A. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | ✓ | ✓ | | | | | | | | | |
| Stroke Alert ≥ 3 hours or NOT Stroke Alert (> 8 hours) and NOT OB | | | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | |
| Trauma Alert ≥ 15 y/o OB is OK | ✓ | ✓ | ✓ | | | | ✓ | | | | | | | | | | | | | | |
| Sexual Assault ≥ 18 y/o NOT OB | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | | |
| Perinatal Centers ≥ 20 weeks OB | | | | | | | | | | | | | | | | | | | | | |
| Alpha - Charlie | | ✓ | | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | | | | ✓ | | | | | |
| Alpha - Echo | | ✓ | | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | |
| Pediatric Facilities | | | | | | | | | | | | | | | | | | | | | |
| ≤ 17 y/o Alpha-Echo < 20 weeks OB or STEMI, Resuscitation Alerts or NOT OB | | | | | | | | | | | | | ✓ | ✓ | | | | | | | |
| ≤ 17 y/o Injured NO Trauma Alert | | | | | | | | | | | | | | | ✓ | | | | | | |
| ≤ 14 y/o Injured NO Trauma Alert | | | | | | | | | | | | | | | ✓ | ✓ | | | | | |
| ≤ 14 y/o Injured Trauma Alert | | | | | | | | | | | | | | | ✓ | | | | | | |
| ≤ 17 y/o Stroke Alert NOT OB | | | | | | | | | | | | | | | ✓ | | | | | | |
| Sexual Assault ≤ 17 y/o NOT OB | | | | | | | | | | | | | | | ✓ | | | | | | |