

TRAC-V Pre-Hospital Stroke Transportation Plan

1

ASSESSMENT

On Scene

Hospitals

LEVEL I

Neuro Endovascular Capable Hospitals

CSC-Doctor's Hospital at Renaissance
CSC-McAllen Medical Center
CSC - Valley Baptist Medical Center (Harlingen)

LEVEL II

Primary Stroke Centers

Edinburg Regional Medical Center
Knapp Medical Center
McAllen Heart Hospital
Rio Grande Regional Hospital
Valley Baptist Medical Center (Brownsville)
Valley Regional Medical Center

tPA Available Facilities

Harlingen Medical Center
Mission Medical Center
Starr County Memorial Hospital

- Assess and support ABCs
- Vital Signs
- Cincinnati Stroke Scale (FAST)
- VAN Score
- Focused History & Physical Exam
- Determine Time Patient was last known normal
- Determine Blood Glucose Level
- Consider other etiologies, hypoglycemia, seizure, etc.
- **If VAN positive, patients should be sent to an endovascular capable hospital and notified ahead of time. NeuroIR paged with VAN positive patient arriving. CT/CTA done on arrival.**
- Bring family contact information (preferably a cell phone number) and medication list

2

TREATMENT

En Route

- Provide oxygen to maintain O2 saturation > 94%
- Continuous cardiac monitoring
- IV 18 gauge access (2 preferred)
- Treat blood glucose level per protocol
- Do not initiate interventions for hypertension unless directed by medical command
- Maintain patient NPO
- Do not delay transport for pre-hospital interventions
- Rapid transport to appropriate facility as indicated

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TRANSPORT

- Transport decision should be based on time of onset as appropriate
- Consider Air Medical Transport to decrease transport time
- Recommend transport to nearest stroke facility with no more than 20 minute transportation time

If VAN
negative

Nearest Stroke Center
or tPA capable
Facility

If VAN
Positive

Comprehensive Stroke
Center (CSC) or neuro
endovascular capable
hospital

If patient shows no weakness then CTA not urgent. Patient is VAN negative.

VAN

1 HOW WEAK IS PATIENT ON ONE SIDE OF THE BODY?

	Mild (minor drift)
	Moderate (severe drift – touches or nearly touches ground)
	Severe
	No Weakness

If patient has **any weakness PLUS any one of the below:**

Visual Disturbance (field cut, double, or blind vision)

Aphasia (inability to speak or understand)

Neglect (gaze to one side or ignoring one side)

This is likely a large artery clot (cortical symptoms) = VAN Positive

2 VISUAL DISTURBANCE?

	Field cut
	Double vision
	Blind new onset
	NONE

3 APHASIA?

	Expressive
	Receptive
	Mixed
	NONE

4 NEGLECT?

	Forced gazed or inability to track one side
	Unable to feel both sides at same time or unable to identify own arm
	Ignoring one side
	NONE

All VAN positive patients should be sent to endovascular capable hospital and notified ahead of time. NeuroIR paged with VAN positive patient arriving. CT/CTA done on arrival