

## BCEHS Gulf Islands Stroke Bypass

### Purpose

The BCEHS Gulf Islands Stroke Bypass has been developed to assist in the rapid identification, transport, and definitive treatment of patients exhibiting signs of a stroke. The need for such a program was initially identified through collaborative discussion with representatives from Victoria General Hospital's (VGH) stroke program, the staff at Lady Minto Hospital on Salt Spring Island, and BCEHS.

### Rationale

Patients suffering from acute stroke require definitive care at a hospital equipped to provide rapid diagnosis, imaging, and treatment. Victoria General Hospital (VicGH) is the only site within the Island Health to have definitive stroke care, including endovascular thrombectomy (EVT). Patients presenting with a recent onset of stroke signs or symptoms on the Gulf Islands do not have imaging available to them through their local hospital or clinic, thus an approach to expedite transport to VicGH represents best practice.

BCEHS staff are trained to recognize the common signs of stroke through the use of the FAST-VAN assessment. Early communication of a patient's status as FAST or FAST-VAN positive will set into motion a process designed to expedite their transfer to VicGH for diagnosis and treatment. The process is designed to minimize frequent areas of time-loss that can occur with normal transport to the closest health care facility. Crew-initiated 'Stroke-Launch' will set into motion a chain of events that is designed to quickly identify and enact the most expeditious plan for evacuation to VicGH.

### Procedure

1. Any assessed call that is designated as a **28 card** (*Stroke (CVA) / Transient Ischemic Attack (TIA)*) or includes a positive ProQA Stroke Diagnostic finding (Clear, Strong, or partial) for the Gulf Islands will initiate a potential Gulf Islands Stroke-Launch
  - a. A crew on scene that finds a patient's primary problem is a FAST or FAST-VAN positive stroke may also initiate a Stroke-Launch request through VIDOC, regardless of initial MPDS coding
2. The call is handled by Vancouver Island Dispatch Operations Center:
  - a. The local crew is sent as normal and advised of potential 'Stroke-Launch'
  - b. VIDOC requests availability of helicopter and crew from PTCC for situational awareness using a P-Request "Weather Check"
  - c. PTCC checks available resources for a potential Stroke-Launch and requests a weather check from the flight crew
    - i. The Critical Care Paramedic (CCP) crew does not need to be informed of the potential call at this time
  - d. PTCC advises VIDOC of helicopter and crew availability

3. The patient is assessed on scene and the crew makes a determination and communicates with VIDOC:
  - a. The patient **is** FAST or FAST-VAN positive with symptoms **and** the patient **< 6 hours** from symptom onset *or* **awoke with symptoms**:
    - i. VIDOC advises PTCC that the patient fits Stroke-Launch criteria based on crew information and PTCC sends an air resource and crew for emergent transport to Victoria General Hospital, *or*,
    - ii. VIDOC is aware that an air response is not possible and advises crew of the next fastest method for transfer to Victoria General Hospital or the closest CT-capable facility (i.e. water taxi, ferry)
    - iii. If air transportation is occurring the Gulf Islands crew notifies VicGH of the incoming patient, method of transport, and ETA
    - iv. The Gulf Islands crew must provide printed paperwork to the flight crew
  - b. The patient **is not** FAST or FAST-VAN positive *or* is ineligible for primary transfer to Victoria General Hospital:
    - i. The patient displays signs of hemodynamic instability
    - ii. The patient has a grossly altered level of consciousness
    - iii. The patient has any airway compromise
    - iv. The patient has uncorrected hypoglycemia
    - v. Other determination by the crew that the patient requires immediate care at their local clinic or hospital
4. If the patient has been transferred by air, a crew should be dispatched to VicGH to assist in the unloading and transfer of the patient through the Emergency Department and on to CT.
  - a. Patients transferred by Stroke-Launch are likely to be hemodynamically stable. Relieving the air crew of the patient will help return the CCP crew to service as quickly as possible
  - b. A BCEHS crew is an important part of the initial care of a patient suffering from a stroke who presents to VGH. The assistance of the BCEHS during the initial assessment and CT scan has been demonstrated to reduce the time to therapy

## Notes

- Patients must be able to comply with a FAST-VAN assessment
- Unstable patients should be transported to the local clinic/hospital for stabilization prior to transfer
- Patients who present with FAST or FAST-VAN positive signs who then experience spontaneous resolution of signs (eg. TIAs), still qualify for Stroke-Launch *if any FAST or FAST-VAN sign was witnessed by a crew member*
- Training and understanding are essential – please reach out with questions
- Patients who self-present to local facilities fall under the established protocols and referral patterns within Island Health
- All cases of Stroke-Launch will be audited and reviewed for continued improvement.
- Paramedics **must** fill out a Gulf Island Stroke-Launch Tracking form after each incidence