Clinical Practice Procedures: Other/Acute stroke referral

Policy code	CPP_OT_ACSR_0722
Date	July, 2022
Purpose	To ensure a consistent procedural approach to acute stroke referral.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
Source of funding	Internal – 100%
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Acute stroke referral

July, 2022

The rapid identification and transport of patients with stroke to a dedicated Acute Stroke Centre (ASC) significantly reduces death and disability.[1–4]

Indications

Acute stroke referral is mandatory for all patients with symptoms suggestive of stroke who meet the following criteria:

- Onset of stroke symptoms is less than 24 hours; AND
- The patient is able to be transported to an ASC within 60 minutes (from stroke assessment)

Contraindications

- Advanced terminal cancer with a life expectancy of less than 6 months.
- Seizure/s at onset of symptoms

Complications

- Nil

STROKE LYSIS CAPABLE HOSPITALS

REGION	PUBLIC HOSPITALS	PRIVATE HOSPITALS
Far Northern	**Cairns Hospital** *(24/7)*	The capacity of private hospitals to accept stroke patients may vary according to location and current circumstances. When a patient requests transport to a private hospital for any stroke related incident, clinicians must contact the hospital prior to transporting to ensure they are able to accept and appropriately manage the patient.
Northern	**Mt Isa Hospital** *(24/7)* **Townsville University Hospital** *(24/7)*	
Central	**Emerald Hospital** *(24/7)* **Gladstone Hospital** *(24/7)* **Mackay Hospital** *(24/7)* **Proserpine Hospital** *(24/7)* **Rockhampton Hospital** *(24/7)*	
Darling Downs & South West	**Roma Hospital** *(24/7)* **Toowoomba Hospital** *(24/7)*	
Sunshine Coast & Wide Bay	**Bundaberg Hospital** *(24/7)* **Hervey Bay Hospital** *(24/7)* **Sunshine Coast University Hospital*** *(24/7)*	
Metro North	**Caboolture Hospital** *(24/7)* **Redcliffe Hospital** *(24/7)* **The Prince Charles Hospital** *(24/7)* **The Royal Brisbane & Women's Hospital** *(24/7)*	
Metro South	**Ipswich Hospital** *(24/7)* **Logan Hospital** *(24/7)* **Mater Brisbane Hospital** *(24/7)* **Princess Alexandra Hospital** *(24/7)* **Queen Elizabeth II Hospital** *(24/7)* **Redland Hospital** *(24/7)*	
Gold Coast	**Gold Coast University Hospital**** *(24/7)*	

Note: ** Identifies hospitals facilitating direct QAS to Stroke Team referral.*
*** identifies hospitals facilitating direct QAS to Stroke Team referral during business hours and ED after hours.*

1. Confirm the patient is indicated for acute stroke referral, specifically:
   - Patient assessment is suggestive of acute stroke with clear onset of symptoms less than 24 hours;
   - Patients located less than 60 minutes transport time (from time of stroke assessment) to an approved ASC;
2. Contact the appropriate ASC using the dedicated **QAS Acute Stroke Referral Line ([redacted])**. The following narrative is suggested:

> *"Can I please confirm I have contacted [hospital]?*
> *I am a paramedic with the QAS and would like to make an acute stroke referral. I have a [XX] year old [gender] who has symptoms suggestive of acute stroke [findings of pre-hospital stroke assessment].*
>
> *The symptoms began at [time]. The VSS is as follows [GCS, BP, HR, RR SpO2, T & BGL].*
>
> *The patient has a NIHSS-8 (National Institute of Health Stroke Scale) score of [X] and a pre-morbid mRS (Modified Rankin Scale score of [X].*
>
> *The patient's past medical history included [elaborate as required] and they're prescribed the following medications [elaborate as required].*
>
> *Accompanying the patient to hospital is [wife / husband / nil].*
>
> *Our estimated time of arrival to your facility is [HH:MM]".*

3. Transport to hospital.
4. Complete e-ARF in accordance with existing policy – ensure the words 'ACUTE STROKE REFERRAL' are entered in the e-ARFs Case Description field (assists with auditing).

Additional information

- The QAS works collaboratively with the State-wide Stroke Clinical Network to enhance the provision of evidence based stroke care across Queensland.
- For the consideration of stroke lysis, the timing of the onset of symptoms needs to be clearly defined. In particular if a patient wakes from sleep with stroke symptoms, the timing of onset must be taken as when they were last well – that is, the time they went to sleep.
- If clinically appropriate, acute stroke referral patients should have an 18 Gauge intravenous cannula inserted in the ACF.
- The patient's next of kin should ideally be transported with the patient. If this is not possible the patient's next of kin contact details must be recorded on the e-ARF.
- Calls made to hospitals via the ASR may occasionally be diverted to either a message bank, or back to the hospital switchboard operator, if the receiving facility is temporarily unable to take the call at that point in time.

  If the call is diverted to a message bank:

  1. Ambulance clinicians are required to leave a brief message regarding an urgent stroke referral and a return contact number.
  2. If a referral call is not answered and a return call is not received after 5 minutes, ambulance clinicians are required to make a second call attempt and if unsuccessful, make a direct call to the relevant hospital's emergency department.

  If the call is diverted back to the hospital's switch: ask the operator to connect you directly to the emergency department triage nurse.

Additional information *(cont.)*

- In some instances, paramedics may be requested by hospital clinicians to transfer the patient directly to the CT scanner to facilitate and expedite imaging. QAS staff should comply whenever possible, provided the CT scanner is ready and immediately available. A hospital staff member should accompany the patient and paramedics to the scanner to avoid any possible delays. Once the patient is transferred to the scanner, paramedics should remove all QAS equipment and provide a patient handover.

Faults

- All faults/difficulties associated with the *QAS Acute Stroke Referral Line* must be reported via the **QAS Portal.**

Audit

- All calls to the *QAS Acute Stroke Referral Line* are recorded for quality assurance and training purposes.