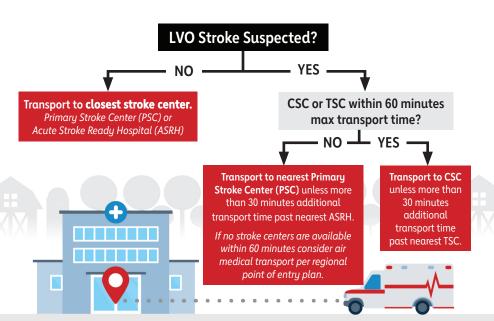


Stroke Rural Transport Recommendations



Stroke Rural Transport Recommendations –

Endorsed by the AAN, AHA/ASA, ASNR, NAEMSP, NASEMSO, NCS, SNIS, and SVIN.

ADDITIONAL RECOMMENDATIONS:

- When no Comprehensive Stroke Center (CSC) or Thrombectomy-capable Stroke Center (TSC) is available within 60 minutes ground transport time, Stroke System of Care (SSOC) should include air medical transport options, define maximum allowable transport times, and consider implementing advanced brain imaging options at rural community hospitals to identify eligible candidates for endovascular therapy (EVT).
- EMS destination plans should prioritize rural hospitals that have formal collaboration agreements with regional CSCs (or TSCs) for access to expert stroke consultation, often via telestroke.
- EMS destination plans should prioritize rural hospitals that identify and support internal hospital stroke resources, including a dedicated stroke coordinator, and that seek to become certified as an Acute Stroke Ready Hospital (ASRH) to track their performance on evidencebased stroke care.
- Stakeholders should work with regional resources to establish rapid interfacility transport mechanisms for patients requiring EVT or a higher level of acute care. In rural areas, interfacility transfer will likely require local EMS for transport so the impact on service should be considered.