Prehospital Care Bundles

The MLREMS Prehospital Care Bundles have been created to provide a simple framework to help EMS providers identify the most critical elements when caring for a patient. These bundles do not replace protocol, but are designed to assist quality assurance and performance evaluations as we work collectively to optimize the delivery of prehospital medicine. As the science and evidence changes, so will these care bundles.

The New York State Collaborative Protocols and the MLREMS Care Bundles are intended to improve patient care by prehospital providers. They reflect current evidence and the consensus of content matter experts. The Collaborative Protocols and the MLREMS Care Bundles are intended to provide principles and direction for the management of patients that are sufficiently flexible to accommodate the complexity of care in the prehospital environment. No Protocol or Care Bundle can be written to cover every situation that a provider may encounter, nor are they substitutes for the judgement and experience of the provider. Providers are expected to utilize their best clinical judgement to deliver care and procedures according to what is reasonable and prudent for specific situations. However, it is expected that any deviations from protocol shall be documented along with the rationale for such deviation.

NO PROTOCOL OR CARE BUNDLE IS A SUBSTITUTE FOR SOUND CLINICAL JUDGEMENT.

Cerebrovascular Accident Care Bundle

Metric	Goal
Early Identification	Within 5 minutes of patient contact
Cincinnati Stroke Scale	Obtained during initial assessment and documented
Time Last Known Well	Obtained and documented; green stroke sticker applied
On Scene Time	10 minutes or less
Prehospital Notification	Within 5 minutes of identification
Blood Glucose	Obtained and documented
Anticoagulant Use	Determined and documented
Surrogate Contact Information	Obtained and documented; green stroke sticker applied

Theory/Evidence

Early Identification

- Early identification of patients with suspected stroke is critical to facilitate focused evaluation and minimizing on scene time.

Cincinnati Stroke Scale

- The Cincinnati Stroke Scale is expected to be performed and documented when assessing for evidence of a stroke. A positive scale is constituted by one or more positive finding(s): pronator drift, facial droop, or slurred speech.

Time Last Known Well

- The most critical piece of information that determines a stroke patient's eligibility for treatment is the time last known well. This time must be clearly communicated upon transfer of care and documented in the medical record. The green stroke sticker aids in communicating this information to hospital providers.

On Scene Time

- Patients with a stroke should be expediently moved to a stroke center with a goal on scene time of less than 10 minutes.

Prehospital Notification

- Prehospital notification should be completed on all patients with a last known well time of <24 hours and mobilizes essential hospital resources prior to the arrival of the patient.

Blood Glucose

- A blood glucose should be performed on all potential stroke patients to exclude symptomatic hypoglycemia as an etiology of the patient's presentation. Determination of blood glucose should not significantly delay scene time.

Anticoagulant Use

- A patient on anticoagulants (Coumadin/Warfarin, Xarelto/Rivaroxaban, Pradaxa/Dabigatran. Etc) can change Emergency Department treatment options and determining this in advance can help guide care.

Surrogate Contact Information

- A piece of critical information for the treatment team is having reliable contact information for a surrogate (witness) to help make treatment determinations. The green stroke sticker aids in communicating this information to hospital providers.