

Acute Neurological Deficit Bypass Protocol

Joint Protocol with Alger, Delta, Dickinson, Iron, and Marquette Counties

Part 2, Section 1

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I. Purpose

To address the assessment, management, transport, and destination decisions of the patient exhibiting signs and symptoms of spontaneous acute neurologic deficit in an effort to expedite patient arrival to definitive care and intervention, minimizing additional damage.

II. Patient Assessment

Patients presenting with a spontaneous acute neurological deficit exhibiting one or more of the following symptoms should be considered for immediate transfer to an institution that can provide definitive care following diagnostic imaging of cervical and intracranial vasculature.

a. Acute Neurologic Emergencies

1. History of sudden onset of disorientation
2. Trauma with altered mental status
3. Traumatic paralysis
4. Sudden onset of decreased level of consciousness
5. Non-traumatic acute blindness
6. Onset of hemi or quadriplegia
7. Aphasia

III. Patient Management

a. Patients should stop at the closest hospital if they have a need for:

1. Immediate airway stabilization due to arrest or complete obstruction.
2. Immediate circulatory stabilization (blood pressure <80 mmHg *with no improvement after intervention of fluid, positioning, or medication*)
3. Patient is a minor or not competent, where a parent or guardian makes an alternate choice of location.

b. An appropriate assessment must occur prior to calling the online medical control physician, to provide him/her with an adequate picture of the patient's presentation.

If the patient does not exhibit one of the above critical airway or circulatory problems, the patient should be managed symptomatically, and a request to transport to definitive care should be made from the closest Medical Control facility. Advise the online medical control physician of neurologic assessment/findings, time of onset and progression, Glasgow Coma Scale and/or Cincinnati Stroke Scale findings. ALS intercept may be required, and should be requested early.

c. Assessment and Care

1. Secure adequate airway and administer supplemental oxygen.
2. Assess hemodynamic status and correct where possible (fluids, medications, or positioning).

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3. Monitor cardiac rhythm and rate.
4. Obtain and record vital signs, Glasgow Coma Score, and Cincinnati Stroke Screen initially and every fifteen minutes throughout transport.
5. Manage any injuries as identified in the secondary survey (splinting, etc.)

IV. Transfer/Diversion Approval from Local Medical Control Physician

- a. Online Medical Control for the Emergency Department closest to the patient's point of pick up is responsible for making the decision to transfer care or divert the patient to the closest "appropriate" facility based on this protocol. Contact the closest online Medical Control physician using VHF, 800 MHz, landline, cellular, etc., and speak directly to the physician. These calls are recorded as required by the Michigan Department of Community Health MedCom Plan (September 2005), and will provide record of the physician granting the diversion.
- b. Contact the closest *appropriate* medical facility that can provide care for the neurologic emergency using the VHF, 800 MHz, landline, cellular, etc. and ask to speak to the physician directly. Advise that you are diverting from your closest facility and give the physician the assessment findings.
- c. The "*closest appropriate facility*" as identified by the Michigan Department of Community Health (Destination & Diversion Guidelines, September 2001), may be a facility capable of providing the most definitive care for the patient's primary condition. If an EMS provider is unsure of the available services at a destination hospital, they should question the online medical control physician to assure that the services required for their patient are provided by the facility.

V. Ongoing Patient Management and Assessment

- a. Repeat vital signs and neurological assessments at a minimum every fifteen minutes. Document all findings and leave patient care report for neurosurgical review during physician assessment at the receiving facility. It is critical for this information to be available during the physician's assessment of the patient.

END OF PROTOCOL

Marquette County EMS Medical Control Authority

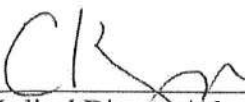
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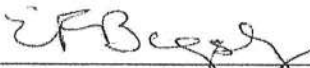
APPROVAL SIGNATURES



Medical Director/Alger County MCA
Christine Krueger, M.D.

6/9/8

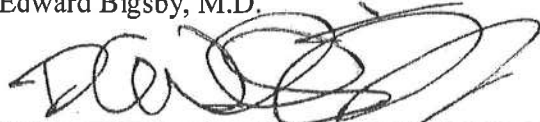
Date



Medical Director/Delta County MCA
Edward Bigsby, M.D.

5 March 2008


Date



Medical Director/Dickinson County MCA
Dennis Whitehead, M.D.

2008 MAY 10

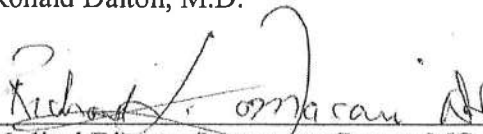
Date



Medical Director/Iron County MCA
Ronald Dalton, M.D.

6/12/08

Date



Medical Director/Marquette County MCA
Richard L. Tomacari, D.O.

4/2/08

Date

cc: Michigan Department of Community Health
QA Task Force Approval Date: _____