



London Breed  
Mayor

## Emergent LVO STROKE 911 RE-TRIAGE Guideline



Mary Ellen Carroll  
Executive Director

1. Contact a Stroke Center capable of performing stroke thrombectomy to request "Emergent LVO Stroke 911 Re-triage":
  - a. **UCSF Parnassus**: Adult Transfer Center (415-353-9166) and "Request CODE LVO STROKE ED TRANSFER"
  - b. **CPMC Van Ness Campus**: ED 415-600-3333
  - c. **CPMC Davies Campus**: ED 415-600-0600
  - d. **Zuckerberg San Francisco General** - ED Attending in Charge: 628-206-8111
2. Call 911 and request a "Code 3 EMERGENCY RESPONSE" ambulance for LVO Stroke Transfer to the receiving Stroke Center.

### INDICATIONS FOR EMERGENT LVO STROKE 911 RE-TRIAGE:

All the following criteria:

- Patient with Symptoms of Acute Ischemic Stroke
- Last Seen Well Time within 24h, AND
- CTA (or MRA) demonstrating Large Vessel Occlusion (defined as Carotid-T, M1, M2, or Basilar Artery Occlusion)

**NOTE: Medications / interventions exceeding the Paramedic Scope of Practice must be stopped for transfer or an extended service provider (MD/NP/PA/RN/CCT-PM) must accompany the patient. For stroke patients treated with alteplase, delays or interruptions in the infusion may significantly impact serum levels and reduce efficacy. Therefore, if an extended service provider is not available to accompany the patient, the patient may need to be held in ED until the alteplase infusion is complete. For stroke patients treated with Tenecteplase, a continuous infusion is not required.**

### PATIENT MEDICAL RECORDS:

If possible, send the patient's medical record (includes paramedic records, ED records, images, lab tests and other pertinent diagnostic tests) with the patient.

Best practice is to have an established process for transferring images electronically (e.g., LifelImage or RAPID) AND to burn a disc with the relevant neuroimaging studies (CT/CTA and CTP if performed) immediately after the images are acquired to send with the patient to shorten the transfer process.

Note: The process above concerns re-triage of ED patients and does not apply to inter-facility transport of already admitted inpatients.

Approved 4.6.22