



American Stroke Association.
A division of the American Heart Association.

Together to End Stroke®

Stroke Suburban Transport Recommendations

LVO Stroke Suspected?

NO

YES

Transport to closest stroke center.

*Primary Stroke Center (PSC) or
Acute Stroke Ready Hospital (ASRH)*

Comprehensive Stroke Center (CSC) or
Thrombectomy-capable Stroke Center (TSC)
within 45 minutes max transport time?

NO

YES

**Transport
to nearest
PSC or ASRH.**

**Transport to CSC
unless more than 30
minutes additional
transport time past
nearest TSC.**



— Stroke Suburban Transport Recommendations —

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

ADDITIONAL RECOMMENDATIONS:

- » If the suburban hospital is a certified Primary Stroke Center (PSC), then it is appropriate for most stroke patients to be admitted for post-stroke care.
- » Hospitals should have recurring stroke education for their staff and quality improvement (QI) programs to optimize patient care processes, especially the ability to minimize Door In-Door Out time for patients needing transfer for endovascular therapy (EVT).
- » EMS providers in suburban areas without access to EVT centers within 45 minutes transport time should transport suspected stroke patients to the nearest Acute Stroke Ready Hospital (ASRH) or PSC, especially for patients within the IV thrombolysis treatment window since many patients with suspected stroke due to large vessel occlusion (LVO) may not be candidates for EVT after evaluation.
- » EMS destination protocols should prioritize suburban hospitals that participate in a regional stroke QI program.