Stroke Rural Transport Recommendations

LVO Stroke Suspected?

NO

Transport to closest stroke center.
*Primary Stroke Center (PSC) or Acute Stroke Ready Hospital (ASRH)*

YES

CSC or TSC within 60 minutes max transport time?

NO

Transport to nearest Primary Stroke Center (PSC) unless more than 30 minutes additional transport time past nearest ASRH.

If no stroke centers are available within 60 minutes consider air medical transport per regional point of entry plan.

YES

Transport to CSC unless more than 30 minutes additional transport time past nearest TSC.
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 evidence-based 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.