

HKPR Acute Stroke Protocol

COMMUNITY HOSPITAL

Frequently Asked Questions



1. What is the Haliburton Kawartha Pine Ridge District (HKPR) Acute Stroke Protocol?

The goal of the protocol is to quickly assess and transport eligible stroke patients to the closest and most appropriate hospital for assessment and possible treatment: **Alteplase (tPA) and/or Endovascular Therapy (EVT)**. The protocol was developed in collaboration with the regional and district stakeholders.

2. What geography is covered under this protocol?

The HKPR District includes Haliburton Highlands Health Services (HHHS), Ross Memorial Hospital (RMH), Peterborough Regional Health Centre (PRHC), Campbellford Memorial Hospital (CMH) and Northumberland Hills Hospital (NHH). These protocols align with EMS: Basic Life Support – Patient Care Standards (2021) and Canadian Stroke Best Practices (2018).

3. What Stroke Best Practice updates are now in the HKPR Acute Stroke Protocol?

i. Emergency Department care

The treatment window for EVT has expanded. This means select patients presenting to community **(non tPA) hospitals** by ambulance or as “walk-ins” **4-24 hours** post stroke onset may be eligible for EVT.

ii. Initial ED Evaluation

All patients with suspected ischemic stroke who arrive within **4-24 hours** of stroke symptom onset should be screened using the validated **Large Vessel Occlusion (LVO)** screening tool known as **ACT FAST**.

iii. Neurovascular Imaging

Patients with a probable LVO stroke based on ACT FAST screening, should undergo immediate brain imaging (target less than 15 minutes) as per the provincial CT/mCTA imaging protocol (non-contrast CT followed by multiphase CT angiography).

iv. EVT Consult with Kingston General Hospital (KGH)

If patients have met the EVT eligibility criteria, referring physicians shall contact **KGH Stroke Neurologist on call 613-549-6666**.

4. What to do with “Walk-Ins” (arrivals without EMS)?

i. Patients that present within four (4) hours of stroke symptom onset:

When assessed by their local non-tPA hospital as potential candidates for tPA and/or EVT, they will be transported to the closest District Stroke Centre ED (PRHC).

ii. Patients that present within 4-24 hours from stroke symptom onset:

Patient will be assessed for EVT Eligibility using: ACT FAST, CT/mCTA imaging and consultation with KGH Stroke Neurologist.

5. Where are these patients transported?

i. “Walk in Patients” that present within 4 hours of stroke symptom onset:

Will be transported directly to the closest District Stroke Centre (PRHC).

ii. Patients that present to community hospitals within 4-24 hours from stroke symptom onset or last known to be well:

If eligible for EVT will be transported to KGH.

*Patients who access EMS with stroke symptom onset within 6 hours will continue to by-pass community hospitals and transport directly to the closest District Stroke Centre (PRHC).

6. What happens to patients who receive EVT?

Patients who receive EVT will be repatriated when deemed medically stable and suitable for transfer within a best effort window of 48 hours. Discharge will occur to the hospital closest to the patient’s home that can provide the clinical service required. It has been determined that the clinical services required for EVT patients are delivered on an acute stroke unit.

7. What happens to patients who do not receive Hyperacute Stroke Therapy (tPA/EVT)?

Patients who no longer require specialized resources at designated stroke hospitals will be transferred to appropriate care closer to home based on care needs.

8. If one of my hospitalized patients, exhibits signs or symptoms of a stroke, what should I do? Will they be eligible for this protocol?

Yes, follow your organizations protocol to access appropriate assessment.

9. Where can I find out more about this protocol, ask questions or provide quality feedback?

Erin McHattie
District Stroke Co-Ordinator
705-743-2121 x. 3946