

For Immediate Release  
May 10, 2005

Contacts: Jerrie Lynn Kind  
(913) 492-5858

## **EVERY EMS SYSTEM NEEDS A STROKE TREATMENT PLAN, NAEMSP SAYS**

Lenexa, KS — The National Association of EMS Physicians (NAEMSP) today said that every EMS system should have plans in place for identifying, treating and transporting stroke patients. Responding to an article in the *Wall Street Journal*, Robert E. O'Connor, MD, president of NAEMSP, said the focus for improving stroke care should be early recognition followed by expeditious transportation to hospitals that offer the best treatment options.

EMT's and paramedics are trained to recognize stroke symptoms and to transport stroke patients to hospitals capable of caring for them. EMS providers follow protocols developed by EMS physicians and other specialists when they provide medical care, and when they match destination hospitals with their patient's condition. These protocols take into consideration specialty care that may be available at some hospitals but not at others. For example, some hospitals may be designated trauma centers, some may be stroke centers, and others may specialize in the care of sick or injured children.

On the other hand, specialty care centers can be far enough away that patients should be brought to the emergency department at a closer hospital for stabilization. In some regions, the nearest specialty center is so far away that a community's only ambulance could be unavailable for hours while a patient is transported to that center. EMS physicians consider all of these factors when they develop protocols that designate destination hospitals for their patients.

Stroke care has improved across the US, and stroke units have played an important role. Stroke units provide medical care and rehabilitation that reduce complications and the long-term consequences of strokes. Studies have shown that transfer of patients to hospitals with stroke units does improve outcomes, but does not have to be done within the first few hours after symptom onset.

The *Wall Street Journal* article implies that tPA is the standard of care in stroke treatment. Giving it can be risky business, and the vast majority of stroke patients are ineligible to receive it. At the best stroke centers, fewer than 5% of patients fit into a category where the potential benefits of these drugs outweigh the risks. Even with the most careful selection of stroke patients, administration of clot-dissolving drugs increases the frequency of brain hemorrhage ten-fold, with devastating results.

Dr. O'Connor emphasized that early evaluation of stroke patients helps ensure that the best treatment options will be available for every patient. "Too often, there are delays due to lack of public awareness. Paramedics, emergency departments and stroke units are most effective if accessed early." Optimal stroke treatment starts with an early 9-1-1 call, and depends on coordination of the right therapy at the right time. In a few cases the right therapy will be clot-dissolving drugs or surgical treatment. Most patients will not require these interventions, but all should undergo rapid evaluation so that the best treatment decisions can be made.

The National Association of EMS Physicians is a national medical society with more than 1300 members, comprising physicians and other professionals partnering to provide leadership and foster excellence in out of hospital emergency medical services. NAEMSP was founded in 1984.