Stroke culture in the Scottish Ambulance Service

Craig Henderson
Stroke Improvement Manager
Where we were....

A stroke improvement project for the ambulance service?

Fabulous, tell me about it!

Where we are...

Where we’re going...
In the past...

• 999 call for someone that wasn’t well
• Have a chat and decide they had maybe had one of those strokes
• High flow oxygen regardless of Sp02 levels
• A wee trip into hospital for a check-up
Currently...

- 999 call, 18min max response for 28C04 (stroke)
- Consider stroke, rule out possible mimics, (BM)
- Perform F.A.S.T. Test
- Treat as time-critical
- Pre-alert ED
- Rapid transfer to hospital
In the future...

• Enhanced telephone triage

  Work with colleagues in ACC
  Introduce F.A.S.T. knowledge and understanding training
  Assess effectiveness of ‘Amber’ response (18mins)
Our crews will...

Operate to one standard pathway ensuring highest level of care throughout the country

Aim to achieve full pre-hospital bundle compliance

Ensure minimum time on scene
Pathway & Pre-hospital bundle

Suspect stroke?
  | Record BM
  | Perform F.A.S.T.
  | Record accurate event times
  | **PRE-ALERT**

Measure & record BM
  | Perform F.A.S.T.
  | Record accurate event times
  | **PRE-ALERT**
Pre-alert:

• Age
• Sex
• FAST +
• Onset time
• GCS
• ETA

(open to local interpretation through stroke MCN)
SCOTTISH AMBULANCE SERVICE STROKE IMPROVEMENT PLAN

IMPROVED PATHWAYS WITH ROBUST AUDITING IN PLACE

DEDICATED STROKE LEADS IN EACH DIVISION

AMBULANCE SPECIFIC MANDATORY STROKE TRAINING IN COLLABORATION WITH CHSS

MEMBERSHIP OF LOCAL STROKE MCNS

INCREASED AWARENESS OF STROKE & THE CRUCIAL ROLE WE PLAY IN IMPROVING OUTCOMES
Thoughts and questions?

Remember, think **FAST**, we do!!

craighenderson@nhs.net