
*This transport protocol algorithm corresponds to Missouri Regulation 19 CSR 30-40.790. Definitions related to the transport protocol algorithm are contained in 19 CSR 30-40.780.

(1) All ground and air ambulances shall use the following state transport protocol for suspected stroke patients except in those circumstances listed in sections (3), (4) and (5) of this algorithm:

**STROKE TRANSPORT PROTOCOL**

**Step 1**

**Assess life threatening conditions** → serious airway or respiratory compromise or immediate life threatening conditions that cannot be managed in the field.

- **Yes**
  - Transport to nearest appropriate facility for stabilization prior to transport to a stroke center. Consider air/ground/facility options for timely and medically appropriate care (particularly in non-urban areas).

- **No**
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**Step 2**

**Assess duration of onset of symptoms** (Time last known well):

- **Group 1**
  - Within lytic/therapeutic window
  - Yes
  - Transport to the Level I, II, or III stroke center according to local and regional process: consider time for transport, patient condition, air/ground/hospital options for timely and medically appropriate care (particularly in non-urban areas), and treatment windows.
  - Continue to reassess patient; if patient condition changes, loop back through protocol and follow according to patient's condition.
  - Consider out-of-state transport based on local and regional process for bi-state regions.

- **Group 2**
  - Within potential therapeutic window
  - Yes
  - 1) Transport to Level I stroke center OR 2) Transport to level I, II, or III stroke center according to local and regional process: consider time for transport, patient condition, air/ground/hospital options for timely and medically appropriate care (particularly in non-urban areas), and treatment windows.
  - Continue to reassess patient; if patient condition changes, loop back through protocol and follow according to patient condition.
  - Consider out-of-state transport based on local and regional process for bi-state regions.

- **Group 3**
  - Out-of-lytic/therapeutic and potential therapeutic window
  - Yes
  - Transport to Level I, II, III or IV stroke center according to local and regional process: consider time for transport, patient condition, air/ground/hospital options for timely and medically appropriate care (particularly in non-urban areas), and treatment windows.
  - Continue to reassess patient; if patient condition changes, loop back through protocol and follow according to patient condition.
  - Consider out-of-state transport based on local and regional process for bi-state regions.