

of signs and symptoms. This is best determined by asking the proper vital point questions to determine the true medical emergency and its onset.

We need to know when the patient last presented *without* the signs and symptoms that prompted the 9-1-1 call.

instructions and assessment of the patient by field personnel, the delivery phase of the seven Ds is initiated. Proper delivery includes knowing where the patient should be transported. What is the most appropriate facility for our patient? Similar to the

healthcare professionals and “the first of first responders,” we are the first link in the chain of survival. We must stay abreast of current information to ensure we remain a strong link to the survival of the patient, all the while doing our best to minimize long-term disabilities and possibly prevent death.



Time is a critical factor in the treatment and outcome of patients suffering from a stroke. Thanks to proper questioning and appropriate dispatch procedures, our patients can reach a stroke center within the three-hour window and receive thrombolytic therapy following a CT scan and the ruling out of any contraindications.

Think about how the outcome could be different. If the telecommunicator is not trained in EMD or does not follow the correct procedures, how much damage can be done? **||PSC||**

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ADDITIONAL RESOURCES

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- Gordon DL, et al. *The Emergency Management of Acute Stroke*. University of Miami School of Medicine, Center for Research in Medical Education.

This information helps minimize confusion about the timing of the stroke's onset and is the best way to determine if the patient falls within the targeted three-hour window for drug therapy. It's vital to remember that the caller may have difficulty focusing because of the telescoping effect of time perception due to the emotions involved, but we (9-1-1 telecommunicators, EMS responders and the emergency room doctors) need that critical information to be most effective.

If our 9-1-1 telecommunicators are trained properly as EMDs and can detect that the patient or caller may be experiencing a stroke, then the telecommunicator will take the next critical step: dispatching the proper EMS unit(s) and relaying critical information to first responders.

Through proper pre-arrival

classification of trauma centers and heart centers, hospitals can also be classified as stroke centers. This is a critical piece of the puzzle because it ensures the patient receives the most appropriate care. The locations of, and travel time to, these specially classified hospitals or medical centers must be included in EMD training. This is also important because if we identify the best receiving destination for the patient, we will be able to determine where they should be transported and whether transport should be by ground or air.

CONCLUSION

In the past, we may not have given much thought to our role as it relates to the patient suffering a stroke, but as research and science continue to develop it is evident that as 9-1-1