Does a Brief Educational Intervention Allow for Greater Prehospital Recognition of Acute Stroke by Paramedics?.

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BACKGROUND

- Identification of candidates for acute stroke therapy in the prehospital setting has potential to reduce time to treatment and increase acute stroke interventions
- Purpose of this trial was to determine if a brief educational intervention for prehospital providers would increase identification of stroke victims without compromising the accuracy of stroke alerts called in the field

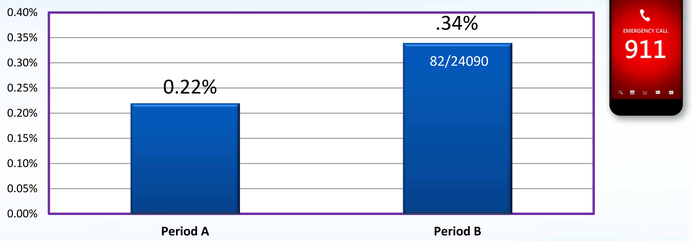
METHODS

- This was a prospective before and after study.
- An 8 hour didactic and scenario-based class was presented to 25 full time and 15 part time paramedics to one service with approximately 16,900 calls per year
- The total number of prehospital stroke alerts called by this cohort was compared to the stroke alerts called by the same ambulance service prior to the educational intervention.

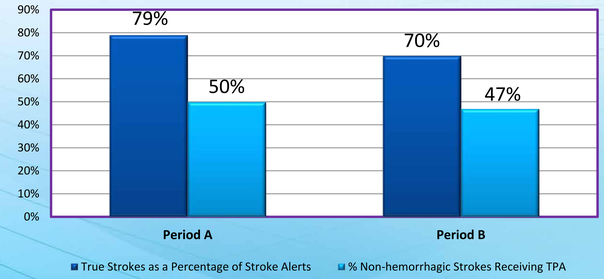
RESULTS

- Mean number of stroke alerts increased from 2 to 3.4 per month, p<.0001.
- Number of alerts determined to represent true stroke increased from 63 to 71%, p>0.2.
- IV TPA use increased from 50% to 54%, p>0.6.

Stroke Alerts per Total Number of 911 Calls



Accuracy of Stroke Alerts Pre and Post



CONCLUSIONS

- An educational intervention that emphasized early stroke recognition doubled the rate of prehospital alerts
- The proportion of patients correctly identified as stroke and the proportion of patients receiving intravenous lytic therapy or endovascular reperfusion remained constant
- An educational intervention directed at paramedics increased the absolute number of therapeutic interventions

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