Organized Stroke Care Must Include the Emergency Department

To the Editor:

Norrving and Adams, in the recent series of articles entitled “Advances in Stroke 2005,” clearly state the evidence for organized stroke care as inpatients after hospital admission. It is clear from their review that stroke unit care confers major survival benefits and reductions in disability.

We were disappointed to see that there was no mention of the important role of the emergency department (ED) in the early identification, triage and investigation of patients who present with symptoms of acute stroke. Although prehospital care is important, and field triage of suspected stroke patients to a stroke center is ideal, significant delays have consistently been demonstrated with respect to acute stroke management in the ED.

The key to successfully reducing the delays to specialist stroke care relies on accurate rapid triage at the point of first contact (the “front door”) of the ED and early access to CT or MRI scanning at the point of identification of suspected stroke.

In our institution, we have formed strong links between the stroke team and the ED, and as a result we feel we have improved the awareness of stroke for all ED staff and increased the profile of acute stroke care throughout the ED. Engagement of, and cooperation with, the ED is a key factor in improving the care delivered to acute stroke patients.

We urge all providers of acute stroke care to establish close links with their EDs to further improve the care we provide for this vulnerable group of patients.

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