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**Stony Brook  
Medicine**

# Why Having a Mobile Stroke Unit Program in the Community Matters

**Stony Brook Medicine recently rolled out Long Island's first Mobile Stroke Unit Program. And it is already saving lives. Mobile stroke units have successfully reduced stroke disability and improved survival rates in other major metropolitan areas across the country.**

## How does a mobile stroke unit differ from an ambulance?

**Dr. Guido:** Mobile stroke units are specially equipped, state-of-the-art ambulances designed to provide lifesaving care right at the scene, within the critical moments of a stroke before the patient even gets to the hospital.

## What does it look like inside?

**Dr. Fiorella:** Think of it as a mobile stroke emergency room with a full crew of first responders, including a critical care nurse, paramedic, emergency medical technician (EMT) and computed tomography (CT) technologist. Medications including clot-busting agent tPA are also onboard as well as brain imaging equipment. There's a CT scanner that can perform both a standard head CT and a CT angiogram.

**Dr. Guido:** These scans allow Stony Brook Medicine physicians to immediately check for bleeding in the brain (hemorrhagic stroke) and determine whether a person has a blocked blood vessel (ischemic

stroke). With physician approval, first responders onboard can begin administering time-sensitive, advanced stroke treatments while a person determined to have a blocked vessel or bleeding in the brain is en route to the nearest hospital with the appropriate level of care.

## What if a stroke patient needs a special procedure?

**Dr. Fiorella:** Our mobile stroke units will greatly improve the chances of a good outcome because we can more rapidly identify if someone is a candidate for a mechanical thrombectomy, which is a procedure to remove clots that block large vessels. The American Heart Association/American Stroke Association now recommends that selected acute ischemic stroke patients receive mechanical thrombectomy as the standard of care. This means an individual must get to a hospital with the expertise and technology to perform a mechanical thrombectomy early enough to get the most benefit from the treatment. With our Mobile Stroke Unit Program, more people will be candidates for treatment if they are rapidly identified and transported to the nearest comprehensive stroke center early for these time-sensitive interventional therapies.

## Is a mobile stroke unit available at a moment's notice?

**Dr. Guido:** Yes. When not in use, our mobile stroke units are strategically located at base

stations off of the Long Island Expressway to provide rapid North-South and East-West access. One is located off of Exit 57. Another is located near Exit 68. The program operates seven days a week, from 8 am to 8 pm, which is the window of time when most stroke calls are received. Our team takes calls within a 10-mile radius of each base, which includes about 40 different communities. The goal is to provide response times of less than 20 minutes.

## How does this work when someone calls 911?

**Dr. Fiorella:** When a call comes in to the Suffolk County 911 system, specially trained emergency medical dispatchers receive the call. In addition to determining the location and type of call, these dispatchers provide medical advice to the caller that can be initiated while an ambulance is en route. The 911 dispatcher will simultaneously dispatch a Stony Brook mobile stroke unit along with the local EMS provider to any potential stroke call. Stony Brook is collaborating with EMS agencies throughout Suffolk County to provide this lifesaving, time-sensitive care to our community.

For more information about Stony Brook Medicine's Mobile Stroke Unit Program, visit [stonybrookmedicine.edu/mobilestrokeunits](http://stonybrookmedicine.edu/mobilestrokeunits).