

Recent developments in the management of acute stroke care or "Stroke Alert" have necessitated a change in the pre-hospital approach to these patients. Where a short time ago it was believed that the outcome of these patients was set at the onset of a stroke and little, if anything, could be done to affect this, we now know this is not the case and many of these patients can be successfully treated if this treatment is provided within an established window of opportunity. When dealing with a "Stroke Alert", remember that *time is brain!*

When assessing the patient suffering from a suspected "Stroke Alert" the most critical element in subsequent treatment is the accurate documentation of the onset of symptoms. Once established, begin appropriate field treatment and rapid transport to an appropriate Stroke Alert Center per the Hospital Capability Chart (Appendix 2).

General care

### EMR / BLS

1. Initial Assessment/Care (Protocol 1).
2. Establish as accurately as possible when symptoms first occurred. Use family members and establish time markers as to when patient was last seen without symptoms such as at lunch time or just before going to bed.
3. Perform a thorough physical examination utilizing the attached Stroke Assessment Form
4. If no respiratory distress is present and SaO<sub>2</sub> is >94%, provide supplemental O<sub>2</sub> at 2-4 LPM via nasal cannula.
5. Perform a blood glucose test. Avoid glucose containing substances unless hypoglycemia is confirmed (glucose < 50mg/dL) by a glucometer reading.

### ALS

6. Initiate transport to closest Primary Stroke Center (PSC) or Comprehensive Stroke Center (CSC) as determined by the Stroke Assessment Form.
7. DO NOT delay transport to secure IV access.
8. If present, treat Nausea and/or vomiting:
  - a. Zofran 4 mg SL (**Do not administer Zofran to pregnant females**) (**Medication 33**).

### MCP

8. DO NOT attempt to lower blood pressure. If BP is > 230/115 contact Medical Control for direction.



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# FOAMD EMS STROKE NETWORK STROKE ALERT

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Unit #: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

Patient's Name: \_\_\_\_\_ Incident Number: \_\_\_\_\_

Event Witness Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

Closest Relative  
(If different than above): \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

## Stroke / Stroke Alert Determination Page

### Check if Abnormal

### Cincinnati Stroke Scale (FAST)

- F (Face)** Facial Droop: Have patient smile or show teeth. (Look for asymmetry)  
Normal: Both sides of the face move equally or not at all  
Abnormal: One side of the patient's face droops
- A (Arm)** Motor Weakness: Arm drift (close eyes, extend arms, palms up)  
Normal: Arms remain extended equally, drift equally or do not move at all  
Abnormal: One arm drifts when compared with the other
- S (Speech)** Speaking: "You can't teach an old dog new tricks" (Repeat phrase)  
Normal: Phrase is repeated clearly and correctly  
Abnormal: Words are slurred (dysarthria), abnormal (aphasia) or none.
- T (Time)** **TIME LAST SEEN NORMAL:** \_\_\_\_\_

If any box is checked, consider patient to be a possible **STROKE ALERT**. Move on to section 1

Check all appropriate box(es)

### Section 1:

- Time last seen normal, greater than 8 hours
- Resolution of signs / symptoms (TIA) prior to arrival / transport
- DNR order present
- Glucose less than 50 and symptoms improve with administration of D50

Are any items in **Section 1** checked?



**YES:** Patient *IS NOT* a Stroke Alert. **TRANSPORT TO CLOSEST APPROPRIATE ED.**

**NO:** **PROCEED TO SECTION 2. THIS IS A STROKE ALERT.**

## Destination Determination Page

### Section 2:



Does the patient have a baseline GCS of less than or equal to 12 **Prior to the event?**

**YES: TRANSPORT TO PRIMARY STROKE CENTER (Call a Stroke Alert)**

**NO: PROCEED TO SECTION 3**

### Section 3:

**Los Angeles Motor Scale**  
Please check the appropriate box(es)

<u>Symptom</u>		<u>Score</u>
<b>Facial Droop</b>	Absent.....	<input type="checkbox"/> = 0
	Present.....	<input type="checkbox"/> = 1
<b>Arm Drift</b>	Absent.....	<input type="checkbox"/> = 0
	Drifts Down.....	<input type="checkbox"/> = 1
	Falls Rapidly.....	<input type="checkbox"/> = 2
<b>Grip Strength</b>	Normal.....	<input type="checkbox"/> = 0
	Weak Grip.....	<input type="checkbox"/> = 1
	No Grip.....	<input type="checkbox"/> = 2
<b>Total</b>		_____



- Score 4 – 5 – TRANSPORT TO COMPREHENSIVE STROKE CENTER (Call a Stroke Alert)**
- Score 3 – PROCEED TO SECTION 4**
- Score 0 - 2 – TRANSPORT TO PRIMARY STROKE CENTER (Call a Stroke Alert)**

### Section 4:

Check all appropriate box(es)

<input type="checkbox"/>	Estimated arrival at Emergency Department is greater than 3.5 hours since time last seen normal
<input type="checkbox"/>	Seizure (at onset)
<input type="checkbox"/>	Patient is on any of the following blood thinners: Coumadin (warfarin), Pradaxa (dabigatran), Brilinta (ticagrelor), Xarelto (rivaroxaban), Lovenox (enoxaparin) or Fragmin (dalteparin)
<input type="checkbox"/>	Recent (within 14 days) or current bleeding, trauma, surgery or invasive procedure
<input type="checkbox"/>	Bleeding / Clotting disorders (history of GI / GU bleeding within last 21 days)
<input type="checkbox"/>	Pregnancy or Complication / Termination of pregnancy less than 30 days
<input type="checkbox"/>	Known Intracranial pathology (Tumor, Aneurysm, ArterioVenous Malformation (AVM) or Intracranial Hemorrhage)
<input type="checkbox"/>	Sudden onset of worst headache ever



Are any items in Section 4 checked?

**YES: TRANSPORT TO COMPREHENSIVE STROKE CENTER (Call a Stroke Alert)**

**NO: TRANSPORT TO PRIMARY STROKE CENTER (Call a Stroke Alert)**

**Time is Brain.** Time from Stroke Alert identification to hospital arrival should be less than 30 minutes.