



STROKE	
ADULT	
BLS Procedures	
<ul style="list-style-type: none">Assess LOC and perform neurological assessment<ul style="list-style-type: none">Cincinnati Stroke Scale (CSS)Administer oxygen as indicated<ul style="list-style-type: none">Refer to Policy 533-02: Airway ManagementDetermine Blood Glucose Level (BGL)<ul style="list-style-type: none">Refer to Policy 533-06: Altered Neurological Function	
Expanded Scope	
<ul style="list-style-type: none">Determine Blood Glucose Level (BGL) – if not obtained prior<ul style="list-style-type: none">Refer to Policy 533-06: Altered Neurological Function	
ALS Prior to Base Hospital Contact	
<p><i>Stroke Assessment</i></p> <ul style="list-style-type: none">Perform Cincinnati Stroke Scale (CSS)<ul style="list-style-type: none">If positive, perform VAN Screen<ul style="list-style-type: none">Refer to Policy 550: Stroke System Triage and DestinationVascular AccessCardiac monitor <p><i>“Stroke Alert” Criteria</i></p> <ul style="list-style-type: none">Positive CSS, VAN negative, TLKW < 24 hours & BGL > 60mg/dL → Declare “Stroke Alert” <p><i>“LVO Alert” Criteria</i></p> <ul style="list-style-type: none">Presence of arm drift on CSS AND positive VAN, TLKW < 24 hours & BGL > 60mg/dL → Declare “LVO Alert” <p><i>Stroke Symptoms with TLKW > 24 hours or Unknown TLKW</i></p> <ul style="list-style-type: none">If patient exhibits stroke symptoms, but TLKW is > 24 hours (or unknown/unable to determine)<ul style="list-style-type: none">→ Declare “Subacute Stroke Suspected”This is NOT a Stroke/LVO Alert.Do not delay transport for on-scene assessment <p><i>Base Hospital Notification and Report</i></p> <ul style="list-style-type: none">Make early BH contact with “Stroke Alert” or “LVO Alert” patientsAdvise BH of “Stroke Alert,” “LVO Alert,” or “Subacute Stroke Suspected.”	
Base Hospital Physician Orders Only	
Consult with ED Physician for further treatment measures	
Additional Information	
<i>Cincinnati Stroke Scale Guidelines</i>	<i>VAN Screen: Arm Drift + One of the Following</i>
Facial Droop <ul style="list-style-type: none"><i>Normal:</i> Both sides of face move equally<i>Abnormal:</i> One side of face does not move at all	Visual Disturbance <ul style="list-style-type: none"><i>Normal:</i> Ability to see in all directions (up, down, left, right)<i>Abnormal:</i> There is vision loss (partial or complete)
Arm Drift <ul style="list-style-type: none"><i>Normal:</i> Both arms move equally or not at all<i>Abnormal:</i> One arm drifts compared to the other	Aphasia <ul style="list-style-type: none"><i>Normal:</i> Ability to communicate clearly & understand simple commands<i>Abnormal:</i> Inability to communicate clearly, is mute, or cannot understand commandsAPHASIA IS NOT SLURRED SPEECH
Speech <ul style="list-style-type: none"><i>Normal:</i> Patient uses correct words with no slurring<i>Abnormal:</i> Slurred or inappropriate words or mute	Neglect <ul style="list-style-type: none"><i>Normal:</i> Ability to track surroundings & all peripheral sensation intact<i>Abnormal:</i> Looks to one side or ignores stimulus to one side of the body
ePCR Documentation Should Include the Following:	
• Activation of the Specialty Care Stroke Tab	• CSS Assessment
• Documentation of BGL	• VAN Assessment (if performed)
• Name/contact number of person w/ TLKW information	• Time Last Known Well (TLKW)