

TREATMENT:

- A. Treat per Universal Patient Care.
- B. Monitor cardiac rhythm and obtain 12 lead ASAP and provide to receiving facility.
- C. If CBG is low, treat per Altered Mental Status protocol.
- D. Complete **EMS/ ED Triage Stroke Screening**.
- E. Transport patient in supine position with > 15 degree of head elevation if tolerated.
- F. Transport to nearest appropriate stroke hospital.
- G. If transporting to SCMC Bend/Redmond and patient meets criteria below, activate "**Stroke 1**" by dialing **1-800-461-6049** and request a Stroke 1 activation. Notify Transfer Center of **CSTAT Positive or Negative and give ETA** to which hospital. Transport CSTAT Positive patients directly to Bend unless special circumstances are present; contact Redmond OLMC in these instances.
- H. Document serial neurologic examinations.
- I. Prepare to suction airway as needed.

NOTES & PRECAUTIONS:

- A. Do not treat hypertension or give aspirin.
- B. Acute interventions, if indicated, generally must begin within 6 hours of symptom onset. All potential stroke patients should go to an appropriate stroke center.

KEY CONSIDERATIONS:

Time last seen normal, pertinent medical history including history of GI bleeding, trauma or surgery in last 3 months, history of prior CVA/TIA, CBG, neurological exam (including pupils), currently taking Coumadin, clopidogrel (Plavix®) or heparin

BEFAST Stroke Screen (Balance - Eyes - Face - Arm - Speech - Time)		Normal	Abnormal	
<u>B</u> Balance	Finger to nose, gait test Normal: Not dizzy, steady gait Abnormal: Inability to walk, abnormal gait, ataxia	Normal	Balance	Gait/Ataxia
<u>E</u> Eyes	Visual Acuity, visual field assessment Normal: Vision normal for patient, with or without correction Abnormal: Sudden double or blurred vision, blindness, visual field cut	Normal	Left	Right
<u>F</u> Face	Have patient smile or show teeth Normal: Both sides of face move equally Abnormal: One side of face weak/unequal/movement absent	Normal	Left	Right
<u>A</u> Arm	Arm-Extend arms, close eyes, palms up Normal: Both arms move equally or not at all Abnormal: One arm drifts compared to the other	Normal	Left	Right
<u>S</u> Speech	Ask patient to repeat, “You can’t teach an old dog new tricks” Normal: Patient uses correct words with no slurring Abnormal: Speech fluency disruption, slurred speech or is mute	Normal	Slurred	Fluency/ Comprehension
<u>T</u> Time	Time- Onset and Last seen normal New onset of neurologic deficit within the last 6 hours? New onset of neurologic deficit within the last 24 hours?	Time		
		Yes		No
		Yes		No
	If one or more components of the BE FAST Stroke Screen is abnormal and the patient was last seen normal < 24 hours prior to arrival, the stroke screen is considered POSITIVE. Continue to C-STAT evaluation.			

Large Vessel Occlusion (LVO) Assessment Tool

CINCINNATI STROKE TRIAGE ASSESSMENT TOOL - C-STAT		
	Points	Definition
GAZE		Unable to look in certain direction with both eyes.
Absent (Normal)	0	
Present (Abnormal)	2	
ARM WEAKNESS		Cannot hold up arm(s) for 10 seconds.
Absent (Normal)	0	
Present (Abnormal)	1	
LEVEL OF CONSCIOUSNESS		Incorrectly answers at least one of two LOC questions AND does not follow at least one of two commands.
Absent (Normal)	0	LOC Questions -What month is it? How old are you?
Present (Abnormal)	1	LOC Commands - Open your eyes. Make a fist.
C-STAT positive is defined as a score of ≥ 2		

Time of Onset/Last Normal	BE FAST	C-STAT	Action #1	Action #2
0-6 hours	Positive	Positive	Activate STROKE 1	Transport directly to Bend
0-6 hours	Positive	Negative	Activate STROKE 1	Transport to closest facility
6-24 hours	Positive	Positive	Activate STROKE 1	Transport directly to Bend
6-24 hours	Positive	Negative	Do Not Activate	Transport to closest facility
Unknown onset & Last Normal < 24 hours	Positive	Positive	Activate STROKE 1	Transport directly to Bend
Unknown onset & Last Normal < 24 hours	Positive	Negative	Do Not Activate	Transport to closest facility
*** Symptomatic and improving			Activate STROKE 1	As defined above
*** Complete resolution prior to arrival			Do Not Activate	Transport to closest facility

- C-STAT positive cases who are within 60 minute driving distance to Bend, should be transferred by ground ambulance directly to Bend.
- Air Ambulance activation should be considered for cases that meet criteria for direct transport to Bend and have ground transport times > 60 minutes. This will be dependent on weather conditions and judgement of the EMS team on the scene.