

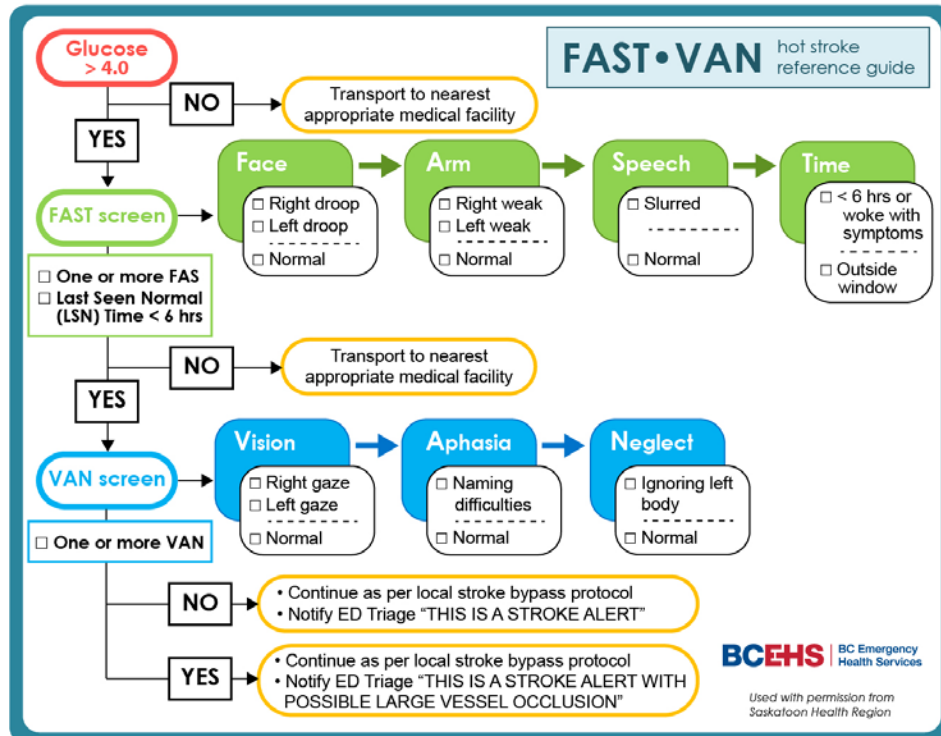
URGENT: Practice Update

April 2018

UNIT CHIEFS PLEASE POST

Audience:	All BCEHS Staff
Subject:	Changes to the BCEHS Treatment Guidelines for Hyper-Acute Stroke
What's New?	<p>The criteria for identifying patients with hyper-acute stroke have been updated. Any patient with at least one positive FAST sign (Face, Arm or Speech) will be considered to be a hyper-acute (hot) stroke patient if the onset of symptoms occurred within six hours <u>or</u> they woke up with symptoms.</p> <p>Any patient meeting the above criteria will now be further screened for possible large-vessel occlusion using the VAN assessment tool (instructions attached).</p>
Why?	Recent advances in stroke care have shown that advanced stroke care has benefits beyond the current treatment window. Pre-hospital screening for large-vessel occlusion has been shown to decrease the time to treatment in-hospital.
How does this affect my practice?	The updated time window and addition of the VAN tool will allow more stroke patients to reach the most appropriate hospital in time for treatment.
What courses are being offered?	The BCEHS Hot Stroke FAST-VAN Assessment Tool course is available on the PHSA Learning Hub to all frontline staff by clicking here: (https://learninghub.phsa.ca/Courses/17827/bcehs-hot-stroke-fast-van-assessment-tool) or searching by course name.
What additional resources are available?	Attached to this document is a job aid explaining the use of the FAST-VAN screening tools. Pocket reference cards are also being distributed to all stations.
Who do I contact if I have questions?	Please contact the Paramedic Practice Educator or Regional Medical Director for your area with any questions. For contact information or to request additional pocket reference cards please contact:

BCEHS Learning: tel: 1-877-660-6977 or email: Learning@bcehs.ca



REMEMBER: TIME IS BRAIN

+ VISION =	Patient looking preferentially to one side ! Usually away from the hemiparesis
+ APHASIA =	Patient looks at simple objects but can't name them (e.g. pen, watch) ! Usually goes with right hemiparesis
+ NEGLECT =	Patient ignores left side when both sides are touched simultaneously ! Usually goes with left hemiparesis

NEGLECT STEP TESTING:

- **Provide Instructions** Ask patient to close their eyes and say aloud "left, right, or both" when arms are touched.
- **Perform Neglect Test** Touch right, then left, then both arms together—asking for a response after each stimulus.

Neglect is positive when patient is only able to identify that the right side was touched, when both sides were touched at the same time

DON'T FORGET:

1. Perform and document a **glucose check** to rule out stroke-mimics
2. **Provide oxygen** for suspected stroke patient when O₂ sats < 94%
3. Transport patient to appropriate hospital with your best attempt at an **on scene time of < 20 minutes**
4. **Pre-hospital IV placed** if possible (without delay of transport)
! Preferably above hand, using a 20 gauge IV (or larger)
5. **Pre-notify** the ED with stroke alert as per algorithm
! Pt Name • PHN • DOB • Sex • LSN 00:00 • FAST VAN Findings • ETA (Remember SBAR)
6. Document the **onset of symptoms** time in the box provided
7. Ensure you note the correct **impression code** on the PCR/Siren
8. Document pertinent neurological signs and symptoms on the PCR/Siren
9. If you are a **FRONTIER-trained** paramedic, **do not deviate** from the FRONTIER protocol