

- c. Stroke scales are not validated for pediatric patients
- d. The EMS crew should call ahead to make sure that the hospital can manage the patient

Quality Improvement

Associated NEMSIS Protocol(s) (eProtocol.01) (*for additional information, go to www.nemsis.org*)

- 9914145 – Medical - Stroke/TIA

Key Documentation Elements

- “Last known well” must be specific
 - If the patient was last known well prior to bedtime the night before, this is the time to be documented (not time the patient woke up with symptoms present)
- Blood glucose results
- Specific validated stroke scale used and findings
- Time of notification to receiving hospital

Performance Measures

- Documentation of time “last known well”
 - Use of validated stroke scale
 - Blood glucose level obtained
 - Minimize EMS scene time
 - Hospital stroke team pre-arrival alert or activation occurred as early as possible after positive stroke assessment finding
 - **National EMS Quality Alliance (NEMSQA) Performance Measures** (*for additional information, see www.nemsqa.org*)
 - *Stroke—01: Suspected Stroke Receiving Prehospital Stroke Assessment*
- NOTE:** This measure can only be evaluated if EMS documentation can be combined with information provided by the receiving hospital

References

1. Kleindorfer, D, Towfighi, A, et al. 2021 Guideline for the Prevention of Stroke in Patients With Stroke and Transient Ischemic Attack: A Guideline From the American Heart Association/American Stroke Association, *Stroke* 2021;52:e364–e467.

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