



Suspected Stroke/Transient Ischemic Attack

Aliases

Cerebrovascular accident (CVA)

Transient ischemic attack (TIA)

Patient Care Goals

1. Detect neurological deficits
2. Determine eligibility for transport to a stroke center
3. Identify patients who have potentially sustained a stroke involving a large vessel occlusion (LVO)

Patient Presentation

1. Neurologic deficit such as facial droop, localized weakness, gait disturbance, slurred speech, altered mentation, sudden onset of dizziness/vertigo
2. Hemiparesis or hemiplegia
3. Dysconjugate gaze, forced or crossed gaze (if patient is unable to voluntarily respond to exam, makes no discernible effort to respond, or is unresponsive)
4. Severe headache, neck pain/stiffness, difficulty seeing

Inclusion Criteria

Patient has signs and symptoms consistent with stroke or transient ischemic attack (TIA)

Exclusion Criteria

1. If glucose less than 60 mg/dL (deciliter), treat per the [Hypoglycemia Guideline](#)
2. If trauma and Glasgow Coma Score (GCS) less than or equal to 13, treat per the [Head Injury Guideline](#) and [General Trauma Management Guideline](#)

Patient Management

Assessment

1. Use a validated prehospital stroke scale that may include, but is not limited to:
 - a. Facial smile/grimace – ask patient to smile
 - b. Arm drift – close eyes and hold out arms for count of 10 seconds
 - c. Speech – ask patient to say “You can’t teach an old dog new tricks”
2. Use a validated prehospital stroke severity scale that may include, but is not limited to:
 - a. Vision changes
 - b. Sensory neglect
 - c. Aphasia
3. Pertinent historical data includes:
 - a. History – “last known well” and source of that information
 - b. Neurologic status assessment [See [Appendix VII. Neurologic Status Assessment](#)]
 - c. Patient is taking warfarin or any anticoagulant medication
 - d. History of recent trauma
 - e. History of recent seizure
 - f. History of recent surgery
 - g. History of recent hemorrhage (e.g., GI bleed)