

STROKE / TIA

Indications

Sudden onset of weakness/paralysis, speech, or gait disturbance

ALS RMC

- IV access (AC preferred) if patient meets Early Stroke Notification criteria
- Position patient with low Fowler's and left lateral recumbent if vomiting

If last known well <4.5 hours and BG >60

Provide Early Stroke Notification if any are true:

- Abnormal Cincinnati Pre-hospital Stroke Scale (CPSS) score
- Abnormal Visual Fields Assessment
- Abnormal Cerebellar Assessment
- Symptoms are most likely due to stroke and not a stroke mimic

If the patient meets criteria for early notification

- During radio report, provide patient identifying information- medical record number if known and/or last name and DOB of patient
- Rapidly transport to patient's preferred Primary Stroke Center (PSC), as long as the estimated transport time is not >15 min longer than the closest PSC
 - Preferred PSC: patient's preference or PSC with patient's medical records
 - No preferred PSC: transport to the closest PSC
- Notify family members/medical decision maker that their immediate presence at the hospital is critical for optimal care
- Bring names and best phone numbers for the patient's medical decision maker and who last saw the patient normal whenever possible

If high suspicion of rapidly progressive intracranial bleed
(sudden, witnessed onset of coma or rapidly deteriorating GCS especially in the setting of severe headache)

Transport to MarinHealth Medical Center

Cincinnati Pre-Hospital Stroke Scale (CPSS)

- Facial Droop (the patient shows teeth or smiles)
 - Normal: Both sides of the face move equally
 - Abnormal: Right side of the face does not move as well as the left
 - Abnormal: Left side of the face does not move as well as the right
- Arm Drift (the patient closes their eyes and extends both arms straight out for 10 seconds)
 - Normal: Both arms move the same, or both arms do not move at all
 - Abnormal: Right arm either does not move, or drifts down compared to the left
 - Abnormal: Left arm either does not move or drifts down compared to the right
- Speech (the patient repeats “The sky is blue in Cincinnati” or another sentence)
 - Normal: The patient says the correct words with no slurring or words
 - Abnormal: The patient slurs words, says the wrong words, or is unable to speak

Visual Fields/Cerebellar Assessment

- Visual Fields Assessment
 - Normal: Patient able to count fingers in all four visual field quadrants
 - Abnormal: Patient unable to correctly count fingers in one or more visual field quadrants
- Cerebellar Assessment (finger-to-nose)
 - Normal: Patient able to move their index finger from their nose to the examiner’s finger
 - Abnormal: Patient exhibits clumsy/unsteady movements or “overshoots”