

Suspected Stroke (Stroke)

Note:

This protocol is for patients who have an acute episode of neurological deficit without any evidence of trauma.

Note:

**Request Advanced Life Support if available.
Do not delay transport to the nearest appropriate hospital.**

- I. Perform initial assessment.
- II. Assure that the patient's airway is open and that breathing and circulation are adequate.

Caution:

Consider other causes of altered mental status, i.e. hypoxia, hypoperfusion, hypoglycemia, trauma or overdose.

- III. Administer high concentration oxygen, suction as necessary, and be prepared to assist ventilations.
- IV. Position patient with head and chest elevated or position of comfort, unless doing so compromises the airway.



- V. Perform Cincinnati Pre-Hospital Stroke Scale:
 - A. Assess for facial droop: have the patient show teeth or smile,
 - B. Assess for arm drift: have the patient close eyes and hold both arms straight out for 10 seconds,
 - C. Assess for abnormal speech: have the patient say, "you can't teach an old dog new tricks".

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- VI. If the findings of the Cincinnati prehospital stroke scale are positive, establish onset of signs and symptoms by asking the following:
- A. To patient – “When was the last time you remember before you became weak, paralyzed, or unable to speak clearly?”
 - B. To family or bystander – “When was the last time you remember before the patient became weak, paralyzed, or unable to speak clearly?”
- VII. Transport of patient’s with signs and symptoms of stroke to the appropriate hospital:
- A. Transport the patient to the closest New York State Department of Health designated Stroke Center if the total prehospital time (time from when the patient’s symptoms and/or signs first began to when the patient is expected to arrive at the Stroke Center) is less than two (2) hours.
 - B. Transport the patient to the closest appropriate hospital emergency department (ED) if:
 - 1. The patient is in cardiac arrest, *or*
 - 2. The patient has an unmanageable airway, *or*
 - 3. The patient has (an) other medical condition(s) that warrant(s) transport to the closest appropriate hospital emergency department (ED) as per protocol, *or*
 - 4. The total prehospital time (time from when the patient’s symptoms and/or signs first began to when the patient is expected to arrive at the Stroke Center) is greater than two (2) hours, *or*
 - 5. An on-line medical control physician so directs.
- VIII. Maintain normal body temperature; do not overly warm the patient.
- IX. Protect any paralyzed or partially paralyzed extremities.
- X. Ongoing assessment. Obtain and record the patient’s initial vital signs, repeat enroute as often as the situation indicates.
- XI. Notify the receiving hospital as soon as possible of your impending arrival with an acute stroke patient, Cincinnati Stroke Scale findings, and time signs and symptoms began.
- XII. Record all patient care information, including the patient’s medical history and all treatment provided, on a Prehospital Care Report (PCR).