

# Stroke

(suspected stroke)

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

Perform initial assessment and ensure ABC's are intact and adequate

Administer high concentration oxygen if patient complains of shortness or breath, or SPO2 < 94%, suction as necessary, and be prepared to assist ventilations.

Position patient with head and chest elevated or position of comfort, unless doing so compromises the airway or the patient is unconscious then use the recovery position

## CFR STOP

If regionally approved check patient's blood glucose if < 60 mg/dl treat according to Altered Mental Status protocol

### Perform Cincinnati Pre-Hospital Stroke Scale (FAST):

**F. FACIAL DROOP:** Assess for facial droop: have the patient show teeth or smile,  
**A. ARM DRIFT:** Assess for arm drift: have the patient close eyes and hold both arms straight out for 10 seconds,  
**S. SPEECH:** Assess for abnormal speech: have the patient say, "you can't teach an old dog new tricks".  
**T. TIME:** Timely transport. Do not delay.

One or More Positive Findings

Negative Findings

Determine when patient was Last Known Well (LKW), either from patient if able to answer, or from family/bystanders. Document the time.

Determine when patient Symptom Onset occurred either from patient if able to answer, or from family/bystanders. Document the time.

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 Symptom Onset to when the patient is expected to arrive at the Stroke Center) is less than three and a half (3.5) hours. **Contact medical control if beyond 3.5 hours**

NYS BLS Protocol

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### If patient has any of the following prior to or during transport, patient will go to the closest appropriate hospital:

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

Transport the patient to the closest appropriate hospital emergency department (ED)

Notify the receiving hospital as soon as possible (30 minutes prior to arrival if possible) of a stroke patient with the following (C-BOLT):

- C:** Cincinnati Stroke Scale findings;
- B:** Blood Glucose results;
- O:** Other pertinent clinical findings;
- L:** Last Known Well (LKW);
- T:** Time of Symptom Onset

### Notes:

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

Cincinnati Stroke Scale should be used unless another Stroke Scale has been regionally approved

Clearly determine time of Symptom Onset and Last Known Well LKW

Last Known Well (LKW) is the time of day the patient was last observed to be normal

If there is no witness to Symptom Onset time, then Symptom Onset time is the same as Last Known Well (LKW) eg. Patient awakes with symptoms; "Wake up Stroke"

Request Advanced Life Support if available and begin transport.

Do not delay transport

Consider aeromedical transport

Early hospital notification is imperative, notify facility immediately of **suspected stroke** patient, preferably 30 minutes prior to arrival.

Maintain normal body temperature; do not overly warm the patient.

Protect any paralyzed or partially paralyzed extremities.