M011 STROKE

EMT	AEMT	EMT-I	Paramedic

POSSIBLE STROKE
Any acute onset neurological deficit not likely due to trauma **regardless of age**

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Assess and stabilize ABCs, titrate O_2

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Assess Cincinnati Prehospital Stroke Score
(Presence of single sign sufficient)

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Rule out or treat hypoglycemia

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- Determine when last KNOWN to be normal and document **specific** time
- "At 2:15 PM", **not** "1 hour ago"

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- Obtain medical history
- Document medications
- Identify family or friend who may assist with history and decision-making, get contact info and strongly encourage to come to ED as they may be needed for consent for treatments

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Consider common stroke mimics/syndromes

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- Start IV and draw blood
- Document cardiac rhythm
- Elevate head 30° if possible
- Ensure full monitoring in place: cardiac, SpO_2,

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Fully monitor patient and continually reassess:
- Improvement or worsening of deficit
- Adequacy of ventilation and oxygenation
- Cardiovascular stability

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- Notify receiving hospital of suspected stroke and time of onset of symptoms in order to provide hospital the opportunity for Stroke Alert
- **It is more important that you know timeline of your patient's symptoms than an individual hospital's Stroke Alert criteria, which may vary**

For possible strokes, think "**BE-FAST**"

(Balance, Eyes, Face, Arm, Speech, Time)

Cincinnati Prehospital Stroke Score
Think "FAST" (face, arm, speech, time)

Assess Facial Droop

Say: "Smile for me", or "Show me your teeth"

Assess Arm Pronator Drift

Demonstrate, and say: "Put your arms up for me like this and hold them while I count to 10"

Assess Speech

Say: "Repeat after me: you can't teach on old dog new tricks", or "No ifs, ands, or buts"

CPSS does not identify all strokes. See below

Stroke Mimics

- Hypoglycemia
- Post-ictal paralysis
- Complex migraine
- Overdose
- Trauma
- Bell's palsy

- **The Cincinnati Prehospital Stroke Score** (CPSS) is designed to be very reproducible and identify those strokes most likely to benefit from reperfusion therapy, but does not identify all strokes.
- The CPSS is highly *specific* for stroke, but is not extremely *sensitive*, meaning if you have a positive CPSS, you are almost certainly having a stroke, but if you do not have a positive CPSS, you still may be having a stroke
- Stroke signs may be very subtle, therefore it is important to know other signs of stroke, which include:
  - Impaired balance or coordination
  - Vision loss
  - Headache
  - Confusion or altered mental status
  - Seizure