

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.

Obtain patient's blood glucose (BG) level.

1. If BG is less than 60, in adult and pediatric patients, refer to NYS BLS Protocol M-2.
2. If BG is more than 60 in adult and pediatric patients, proceed to next step.



CFR

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".

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).