

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 8/1/07
Supersedes 7/1/02

Protocol: #P-024

STROKE

INFORMATION NEEDED

- ◆ Check surroundings for syringes, insulin, medication bottles [e.g.: antihypertensives, ASA, blood thinners, NTG preparations]; evidence of mechanical fall or recent seizure
- ◆ Abrupt change in mental status, altered speech, change in gait, change in behavior, confusion, headache, focal neurological findings and visual disturbances, mechanical falls
- ◆ ONSET TIME of signs and symptoms. See PRECAUTIONS AND COMMENTS. Medical history: hypertension, atrial fibrillation, prior stroke, TIA's or unexplained syncope, coronary disease, vascular disease, diabetes, smoking.

OBJECTIVE FINDINGS

- ◆ LOC and neurological assessment
- ◆ Facial asymmetry, hemiparesis, loss of sensation, visual field disturbance or visual field loss
- ◆ Dysarthria or aphasia
- ◆ Pupil size and reactivity, extra-ocular movements
- ◆ Medical alert bracelet
- ◆ Abnormal blood glucose
- ◆ Cranial nerve palsy
- ◆ Ataxia
- ◆ CINCINNATI PREHOSPITAL STROKE SCALE (CPSS)*
 - ◆ Facial droop
 - ◆ Language
 - ◆ Motor (pronator drift)

BLS Treatment	ALS TREATMENT
<ul style="list-style-type: none">• RMC• Oxygen administration• Consider C-Spine immobilization consistent with C-Spine policy• Prehospital screening for thrombolytic therapy	<ul style="list-style-type: none">• IV access [see PRECAUTIONS AND COMMENTS]• Protect airway• Consider advanced airway management if comatose and no gag reflex.• Consider hypoglycemia. See ALTERED MENTAL STATUS Protocol (P-006)
Base Contact Criteria	
<ul style="list-style-type: none">• Receiving hospital notification if symptoms present for three hours or less; emphasize potential stroke patient	

Documentation for adherence to protocol:

Neurologic exam including CPSS

Blood glucose check

Symptom onset time recorded

Notification and rapid transport for symptoms present for three hours or less

Prehospital screening for thrombolytic therapy administered if symptoms present for three hours or less and CPSS is positive.

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PRECAUTIONS AND COMMENTS

- ◆ Minimize scene time.
- ◆ If at all possible place the IV in the right antecubital fossa. If the patient requires CT scan the dye contrast has better quality when injected in the right limb.
- ◆ If fluid challenge/replacement or drug administration is required place IV of NS
- ◆ Bring patient to appropriate receiving facility per ambulance destination policy.

*CINCINNATI PREHOSPITAL STROKE SCALE (CPSS): Apply CPSS if you suspect that the sudden neurological impairment is due to stroke. If patient scores “abnormal” in any of the following 3 tests, there is a 72% likelihood of stroke.

1. **Facial droop** (have patient show teeth or smile):
 - Normal: both sides of face move equally
 - Abnormal: one side of face does not move as well as the other side
2. **Pronator drift** (patient closes eyes and holds both arms straight out for 10 seconds):
 - Normal: both arms move the same or both arms do not move at all
 - Abnormal: one arm does not move or one arm drifts down compared with the other
3. **Abnormal speech** (have the patient repeat a statement such as: “you can’t teach an old dog new tricks”):
 - Normal: patient uses correct words with no slurring
 - Abnormal: patient slurs words, uses the wrong words, or is unable to speak