

STROKE

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Information Needed:

- Exact time of onset of symptoms (time last seen at baseline), last time patient was awake, and baseline neurologic problems
- Check surroundings for syringes, insulin, medication bottles, e.g. anticoagulants, antihypertensives, antiplatelets, nitroglycerin preparations, evidence of mechanical fall or recent seizure
- Abrupt change in mental status, altered mental status, altered speech, change in gait, change in behavior, confusion, and focal neurological findings
- Preceding symptoms of headache, seizures, confusion, gait disturbance, mechanical falls
- Medical history: hypertension, transient ischemic attacks (TIA's) or unexplained syncope, coronary artery disease, vascular disease, high cholesterol, diabetes, smoking

Objective Findings:

- Level of consciousness and neurological assessment (eg. Cincinnati Stroke Scale or other County approved assessment)
- Airway assessment
- Facial asymmetry/droop, inability to close eye
- Pupil size and reactivity, conjugate gaze, and symmetry of extra-ocular muscles
- Prolapse of tongue and noisy abnormal respiratory pattern if comatose
- Dysarthria or aphasia
- Ataxia
- Unilateral weakness of one or both extremities
- Loss of sensation of any part of the body
- Obtain monitor strip to evaluate and document cardiac rhythm
- Blood glucose
- Temperature

Treatment:

- Minimize scene time with rapid transport if symptoms have been present for 7 hours or less
- Transport with head elevated unless spinal immobilization is indicated
- Improve airway with NPA or OPA. Consider intubation if GCS < 8 and no gag reflex
- Oxygen as indicated

- Consider IV/IO
- Hospital notification of a possible stroke patient
- Avoid hyperglycemia. Glucose administration is not indicated unless there is documented hypoglycemia (blood sugar < 80 mg/dL)
- Hypertension does not need to be treated

Precautions and Comments :

Cincinnati Stroke Scale:

Facial Droop (the patient shows teeth or smiles)

Normal: both sides of face move equally

Abnormal: One side of face does not move as well as the other

Arm Drift (the patient closes their eyes and extends both arms straight out, palms up, for 10 seconds)

Normal: Both arms move the same, or both arms do not move at all

Abnormal: One arm either does not move, or one arm drifts down compared to the other

Speech (the patient repeats "The sky is blue in California.")

Normal: the patient says correct words with no slurring of words

Abnormal: The patient slurs words, says the wrong words, or is unable to speak