Pediatric Stroke/CVA/TIA
For suspected stroke or transient ischemic attack (stroke symptoms that resolve rapidly)

**History**
- Last seen normal
- A&O Status and GCS
- Family members phone number
- Previous stroke or TIA or brain hemorrhage
- Major surgery within last 2 weeks
- Signs of active bleeding, including Melena
- Associated diseases (DM, HTN, CAD)
- Atrial fibrillation
- Medications (blood thinners)
- History of trauma
- History of brain tumor, aneurysm, or AVM.

**Signs and Symptoms**
- Altered mental status
- Weakness or paralysis
- Blindness or other sensory loss
- Aphasia or dysarthria
- Syncope
- Vertigo or dizziness
- Vomiting
- Headache
- Seizure
- Respiratory pattern change
- Hypertension/hypotension
- Diplopia or double vision

**Differential**
- See Altered Mental Status
- TIA
- Seizure/Todd’s paralysis
- Hypoglycemia
- Stroke
  - Thrombotic or embolic (~85%)
  - Hemorrhagic (~15%)
- Tumor
- Trauma
- Dialysis or renal failure
- Bell’s Palsy

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**Blood glucose analysis**
- Recent signs and symptoms consistent with Stroke

**Cardiac monitor**
- Establish IV

**Cincinnati Prehospital Stroke Scale (CPSS)**
- Temperature measurement
- Blood glucose analysis
- Cardiac monitor

**Cincinnati Prehospital Stroke Scale**
- Consistent with acute Stroke?

**INITIATE TRANSPORT TO CLOSEST**
- Stanford Hospital or
- UCSF Mission Bay

**Notify receiving facility. Consider Base Hospital for medical direction**

**Recent signs and symptoms consistent with Stroke**
- Perform Cincinnati Prehospital Stroke Scale (CPSS)
  - If CPSS screening is positive, then perform mNIHSS (if trained)

**Fever**

**Hypoglycemia**

**Hyperglycemia**

**Effective April 2022**

**Effective November 2018**

**Treatment Protocol P29**
Pearls

• Pediatric strokes do occur.
• Time last known well: One of the most important items that prehospital providers can obtain, on which all treatment decisions are based. Be very precise in gathering data to establish the time of onset and report as an actual time (i.e., “13:45,” NOT “about 45 minutes ago”). Without this information, patients may not be able to receive thrombolytics at the hospital. For patients who “woke up and noticed stroke symptoms,” time starts when the patient was last awake.
• The differential listed on the Altered Mental Status protocol should also be considered.
• Be alert for airway problems (difficulty swallowing, vomiting and aspiration). PO meds are not appropriate.
• Hypoglycemia or hyperglycemia can present as a LOCALIZED neurologic deficit.
• Document the Cincinnati Prehospital Stroke Scale in the ePCR.

Finding | Interpretation | Scoring
--- | --- | ---
Facial Droop | Absent | 0 points
Arm Weakness | Normal | 0 points
Grip | Normal | 0 points

LAMS Assessment

Normal: Equal grip in both hands
Abnormal: Unequal grip in one hand
Normal: Both arms move symmetrically
Abnormal: Asymmetrical arm movement
Falls rapidly: some or no effort
Normal: Equal grip in both hands
Weak: Unequal grip in one hand
No grip: no muscle strength or contraction

A LAMS score of ≥ 4 indicates a high likelihood of a LVO stroke.