

2.25 SHCGB Stroke Alert Criteria

Purpose: To rapidly and reliably identify patients suffering from a cerebrovascular accident, ensure the appropriate resources are available when the patient arrives at the receiving facility, and facilitate rapid transfer to endovascular therapy capable facilities when appropriate.

Scope: All emergency medical services agencies sponsored as such in the Sponsor Hospital Council of Greater Bridgeport Region

Policy:

- Conduct a patient assessment and treat the patient per Protocol 2.25 Stroke-Adult and Pediatric.
- Obtain a blood glucose reading. If below 70 mg/dL, treat per protocol 2.12-Hypoglycemia.
- Clearly identify the last time the patient was known well.
 - Defined as the last time the patient was observed to be at their baseline.
- Perform the Cincinnati Pre-hospital Stroke Scale.
 - **Facial Droop:** Ask the patient to smile and show their teeth.
 - Normal: Both sides of the face move equally well.
 - Abnormal: One or both sides do not move or move well.
 - **Arm Drift:** Have the patient extend their arms with their eyes closed, holding them aloft for 10 seconds.
 - Normal: No arm drift is noted, or both arms drift equally.
 - Abnormal: One arm drifts compared to the other.
 - **Slurred Speech:** Ask the patient to repeat the phrase “You can’t teach old dog’s new tricks.”
 - Normal: No slurring is noted that is different from the patient’s baseline.
 - Abnormal: Slurring of words that is not the patient’s baseline.
 - Time: When was the patient observed to be “normal?”
 - Within 24 hours of the onset of signs and symptoms.
- If, after performing the stroke scale, the patient has **ANY** positive findings **AND** the last known well is **24 hours or less** place the receiving facility on a **STROKE ALERT** as soon as possible, preferably from the patient’s bed side.
- Package the patient, elevating the head of the bed 30 degrees.
- Keep on scene times as short as possible, preferably less than 15 minutes
- Obtain a 12 lead EKG if possible.
- If available, transport a reliable witness with the patient to verify the onset of the symptoms.
- Reassess the patient frequently for resolution or worsening of symptoms.

Drafted: 12/1/2016-TS; **Revised:** 09/17/2018-TS