

CEREBROVASCULAR ACCIDENT (STROKE)

ALWAYS USE STANDARD PRECAUTIONS

INDICATION

Sudden onset of weakness/paralysis, speech or gait disturbance

TREATMENT

- ALS RMC
 - Secure IV access (antecubital preferred) if patient meets Early Stroke Notification criteria
 - Elevate head of bed 20-30% elevation or place in left lateral decubitus
- Provide **Early Stroke Notification** if all of the following are true:
 - Abnormal Cincinnati Prehospital Stroke Scale (CPSS) score
 - Last known well < 4.5 hours
 - Symptoms are most likely due to stroke and not a stroke mimic
 - Blood glucose level >60
- If the patient meets criteria for early notification
 - During radio report, provide patient identifying information – hospital medical record number if known and/or last name and DOB of patient
 - Rapidly transport to patient's preferred Primary Stroke Center (PSC), as long as the estimated transport time is not > 15 minutes longer than the closest PSC.
 - Preferred PSC: patient's preference or PSC with patient's medical records
 - No preferred PSC: transport to the closest PSC
 - Notify family members/medical decision maker that their immediate presence at the hospital is critical for optimal care
 - Bring names and best phone numbers for the patient's medical decision maker and whoever last saw the patient normal whenever possible
- If high suspicion of rapidly progressive intracranial bleed (sudden, witnessed onset of coma or rapidly deteriorating GCS especially in setting of severe headache) transport to Marin General Hospital

DOCUMENTATION- ESSENTIAL ELEMENTS

- Criteria for Early Stroke Notification
- Choose CVA as Primary Impression
- **Name and contact information for patient family member/decision maker and/or those who had last seen the patient normal (e.g., skilled nursing personnel)**
- Documentation of CPSS and hospital notification
- Time last known well (document in military time). If time last known to be well is unknown or indeterminate, document and report
- Blood glucose level
- GCS
- History of intracranial hemorrhage
- Serious head injury within 2 months
- Taking anticoagulant medications (e.g. Warfarin/ Coumadin, Pradaxa/Dabigatran, Xarelto/Rivaroxaban, Eliquis/Apixaban, Lovenox/Enoxaparin)
- Improving neurological deficit

RELATED POLICIES/ PROCEDURES

- Destination Guidelines GPC 4
- Prehospital / Hospital Contact Policy 7001
- Ambulance Diversion Policy 5400
- Coma/ALOC N1

Cincinnati Pre-Hospital Stroke Scale (CPSS)

Facial Droop (the patient shows teeth or smiles)

___ Normal: both sides of the face move equally

___ Abnormal: Right side of the face does not move as well as the left

___ Abnormal: Left side of the face does not move as well as the right

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

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

___ Abnormal: Right arm either does not move, or drifts down compared to the left

___ Abnormal: Left arm either does not move, or drifts down compared to the right

Speech (the patient repeats "The sky is blue in Cincinnati." or another sentence)

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

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