

CVA

Indications

- Sudden onset of weakness/paralysis, speech or gait disturbance

ALS RMC

- IV access (AC preferred) if patient meets Early Stroke Notification criteria
- Elevate head of bed 20-30° or place in left lateral recumbent

If last known well <4.5 hours and BG >60

- Provide Early Stroke Notification if any are true:
 - Abnormal Cincinnati Pre-hospital Stroke Scale (CPSS) score
 - Abnormal Visual Fields Assessment
 - Abnormal Cerebellar Assessment
 - Symptoms are most likely due to stroke and not a stroke mimic

If the patient meets criteria for early notification

- During radio report, provide patient identifying information- 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 min 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 who 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 the setting of severe headache)

- Transport to MarinHealth Medical Center