

## GENERAL PATIENT CARE

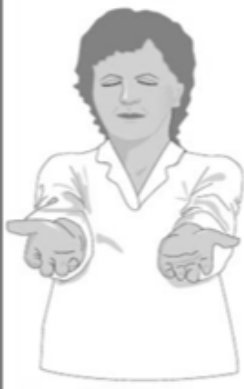
# STROKE ALERT CRITERIA

### Stroke Alert

- Stroke-like symptoms with last known normal within **6 hr.**
- Notify receiving hospital ASAP.
- Obtain last known normal (not when symptoms noticed).
- Check and report blood glucose.

\*\*\* For profound stroke symptoms (flaccid hemiparesis etc), if symptoms < 24hr notify hospital of MEDICAL alert with concern for LARGE VESSEL OCCLUSION STROKE, as these patients may be a candidate for thrombectomy. \*\*\*

Interpretation: if any of these 3 signs is abnormal, the probability of a stroke is 72%



#### Arm Drift

*The patient closes eyes and extends both arms straight out, with palms up for 10 seconds*

- Normal – both arms move the same or both arms do not move at all (other findings, such as pronator drift, may be helpful)
- Abnormal – one arm does not move or one arm drifts downward



#### Facial Droop

*The patient shows teeth or smile*

- Normal – both sides of the face move equally
- Abnormal – one side of the face does not move as well as the other side



#### Abnormal Speech

*The patient repeats "you can't teach an old dog new tricks"*

- Normal – patient uses correct words with no slurring
- Abnormal – patient slurs words, uses the wrong words, or is unable to speak

# MEDICAL EMERGENCIES

## Stroke/CVA

Transport by ALS preferred. But do NOT delay transport.

If Last Known Normal <6 hours. Notify hospital of Stroke Alert. Rapid transport. These are considered "time critical"

Symptoms 6-24 hours are considered urgent. If significant deficits (hemiparesis, etc) consider Medical Alert

### UNIVERSAL PATIENT CARE PROTOCOL

#### AIRWAY MANAGEMENT

Check Blood Glucose

< 60 mg/dL

Evaluate and document Cincinnati Stroke Scale

Determine and Record Last Known Normal time.

#### 12 Lead EKG/ Apply monitor

EMT/EMT-A: Assist/Transmit.  
EMT-P: Interpret/Transmit if indicated.

#### IV PROCEEDURE

Do NOT treat hypertension as this can worsen stroke/brain perfusion.

Identify a close family member or friend to accompany the patient to the hospital to provide information and possible consent. If the family member is unable to accompany the patient, obtain a phone number to provide the hospital.

**HYPOGLYCEMIA PROTOCOL**  
Target euglycemia. Avoid overshoot hyperglycemia.

### Cincinnati Pre-Hospital Stroke Assessment On Scene

Level of Consciousness	Awake & alert
Facial Droop	Both sides move equally well on smile/grimace
Motor—Arm Drift (eyes closed)	Raised arms do not drift down (both together)
Speech	Repeats You can't teach an old dog new tricks using correct words and no slurring

Transport to appropriate facility. Contact receiving facility Consult Medical Direction when indicated

EMR

EMT

AEMT

PARAMEDIC

ONLINE MED CONTROL