



ACUTE CEREBROVASCULAR ACCIDENT (STROKE)

ALWAYS USE UNIVERSAL PRECAUTIONS

AUTHORITY

Division 2.5, Health and Safety Code, Sections 1797.220 & 1797.221

DEFINITION

Sudden onset of weakness, paralysis, confusion, speech disturbances; may be associated with headache.

TREATMENT

- Maintain an open airway and administer oxygen to maintain oxygen saturations >98%
- Perform a Cincinnati Stroke Assessment.

CINCINNATI STROKE SCALE

Facial Droop	Ask patient to smile or grimace. Symmetrical smile or face is normal. Asymmetry is abnormal.
Arm Weakness	Ask patient to close both eyes and extend both arms out straight, palms up, for 10 seconds. If both arms move the same or do not move, the test is normal. If one arm drifts downwards, the test is abnormal. Patient with arm weakness will tend to pronate (turn palms sideways or down).
Speech Abnormalities	Have the patient say, "The sky is blue today." If the patient speaks without slurring, the test is normal. If the patient slurs words or is unable to speak, the test is abnormal.
If any one of these three tests is abnormal and is a new finding, the Stroke Scale is abnormal and may indicate an acute stroke.	

- Blood glucose determination.
 - If BS < 80 mg/dl or un-measurable:
 - Administer Dextrose 50% 25 gm IV
 - Administer Glucagon 1 mg IM or SQ if unable to establish IV access
- IV NS TKO en-route
- Obtain 12-lead EKG if possible



DOCUMENTATION

A detailed history of the following factors will help expedite patient evaluation and possible therapy:

- Exact time of onset of signs and symptoms. **This is the most crucial historical information needed.**
- Age
- History of bleeding disorders
- Anticoagulant usage (Coumadin)
- Heparin, Lovenox, Integrelin within 48 hours
- Surgery within the last 2 months
- History of confirmed intracranial non-traumatic hemorrhage
- Seizure included with current symptoms
- History of current or recent head injury

CONSIDERATIONS

- Expedite transport if the interval from the onset of symptoms to arrival at receiving facility is expected to be 3.5 hours or less.
- If exact time of onset of symptoms is unclear, use last time patient known to be at baseline for time of onset.
- *Consider* Code-3 transportation via ground or air transport.
- Contact receiving facility as early as possible.
- If possible, **bring a family member or other on-scene historian to the receiving facility.**

Rapid identification and transport of suspected stroke patients, along with a detailed history will help expedite patient evaluation at the receiving facility and make the widest range of possible treatment options available.