

TREATMENT:

- A. Treat per Universal Patient Care.
- B. Monitor cardiac rhythm and obtain 12 lead ASAP and provide to receiving facility.
- C. If CBG is low, treat per Altered Mental Status protocol.
- D. Complete **EMS/ ED Triage Stroke Screening**.
- E. Transport patient in supine position with > 15 degree of head elevation if tolerated.
- F. Transport to nearest appropriate stroke hospital.
- G. If transporting to SCMC Bend/Redmond and patient meets criteria below, activate “**Stroke 1**” by dialing **1-800-461-6049** and request a Stroke 1 activation and give ETA to which hospital.
- H. Document serial neurologic examinations.
- I. Prepare to suction airway as needed.

NOTES & PRECAUTIONS:

- A. Do not treat hypertension or give aspirin.
- B. Acute interventions, if indicated, generally must begin within 6 hours of symptom onset. All potential stroke patients should go to an appropriate stroke center.

KEY CONSIDERATIONS:

Time last seen normal, pertinent medical history including history of GI bleeding, trauma or surgery in last 3 months, history of prior CVA/TIA, CBG, neurological exam (including pupils), currently taking Coumadin, clopidogrel (Plavix®) or heparin

BE FAST Stroke Screen (Balance - Eyes - Face - Arm - Speech - Time)	Normal	Abnormal	
Balance-Finger to nose, gait test Normal: Not dizzy, steady gait Abnormal: Inability to walk, abnormal gait, ataxia	Normal	Balance	Gait/Ataxia
Eyes-Visual Acuity, visual field assessment Normal: Vision normal for patient, with or without correction Abnormal: Sudden double or blurred vision, blindness, visual field cut	Normal	Left	Right
Face-Have patient smile or show teeth Normal: Both sides of face move equally Abnormal: One side of face weak/unequal/movement absent	Normal	Left	Right
Arm-Arm-Extend arms, close eyes, palms down Normal: Both arms move equally or not at all Abnormal: One arm drifts compared to the other	Normal	Left	Right
Speech-Ask patient to repeat, “You can’t teach an old dog new tricks” Normal: Patient uses correct words with no slurring Abnormal: Speech fluency disruption, slurred speech or is mute	Normal	Slurred	Fluency/ Comprehension
Time- Onset and Last seen normal	Time		
New onset of neurologic deficit within the last 6 hours?	Yes	No	
New onset of neurologic deficit within the last 24 hours?	Yes	No	
If one or more components of the BE FAST Stroke Screen is abnormal and the patient was last seen normal < 24 hours prior to arrival, the stroke screen is considered POSITIVE. Continue to C-STAT evaluation.			

LARGE VESSEL OCCLUSION (LVO ASSESSMENT

CINCINNATI STROKE TRIAGE ASSESSMENT TOOL - C-STAT		
	Points	Definition
GAZE		Unable to look in certain direction with both eyes.
Absent (Normal)	0	
Present (Abnormal)	2	
ARM WEAKNESS		Cannot hold up arm(s) for 10 seconds.
Absent (Normal)	0	
Present (Abnormal)	1	
LEVEL OF CONSCIOUSNESS		Incorrectly answers at least one of two LOC questions AND does not follow at least one of two commands.
Absent (Normal)	0	LOC Questions -What month is it? How old are you?
Present (Abnormal)	1	LOC Commands -Open your eyes. Make a fist.
C-STAT positive is defined as a score of ≥ 2		

STROKE 1 ACTIVATION CRITERIA

- A. Positive EMS/ED Screening, **BE FAST (+) and CSTAT (-)** with symptom onset ≤ 6 hours
- B. Positive EMS/ED Screening, **C-STAT (+)** with onset of symptoms unknown and ≤ 24 hours

Time of Onset/Last Normal	BE FAST	C-STAT	Action
0-6 hours	Positive	Positive or Negative	Activate Stroke 1
6-24 hours	Positive	Positive	Activate Stroke 1
6-24 hours	Positive	Negative	Do Not Activate
Unknown onset & Last Normal < 24 hours	Positive	Positive	Activate Stroke 1
Unknown onset & Last Normal < 24 hours	Positive	Negative	Do Not Activate
*** Symptomatic and improving			Activate Stroke 1
*** Complete resolution prior to arrival			Do Not Activate