Table 1 Vision, aphasia, neglect emergent large vessel occlusion screening tool

Stroke VAN

How weak is the patient? Raise both arms	☐ Mild (minor drift) ☐ Moderate (severe drift - touches or nearly touches ground) ☐ Severe (flaccid or no antigravity) ☐ Patient shows no weakness. Patient is VAN negative

(exceptions are confused or comatose patients with dizziness, focal findings, or no reason for their altered mental status then basilar artery thrombus must be considered; CTA is warranted)

Visual disturbance	☐ Field cut (which side) (4 quadrants) ☐ Double vision (ask patient to look to right then left; evaluate for uneven eyes) ☐ Blind new onset ☐ None
Aphasia	☐ Expressive (inability to speak or paraphasic errors); do not count slurring of words (repeat and name 2 objects) ☐ Receptive (not understanding or following commands) (close eyes, make fist) ☐ Mixed ☐ None
Neglect	☐ Forced gaze or inability to track to one side ☐ Unable to feel both sides at the same time, or unable to identify own arm ☐ Ignoring one side ☐ None

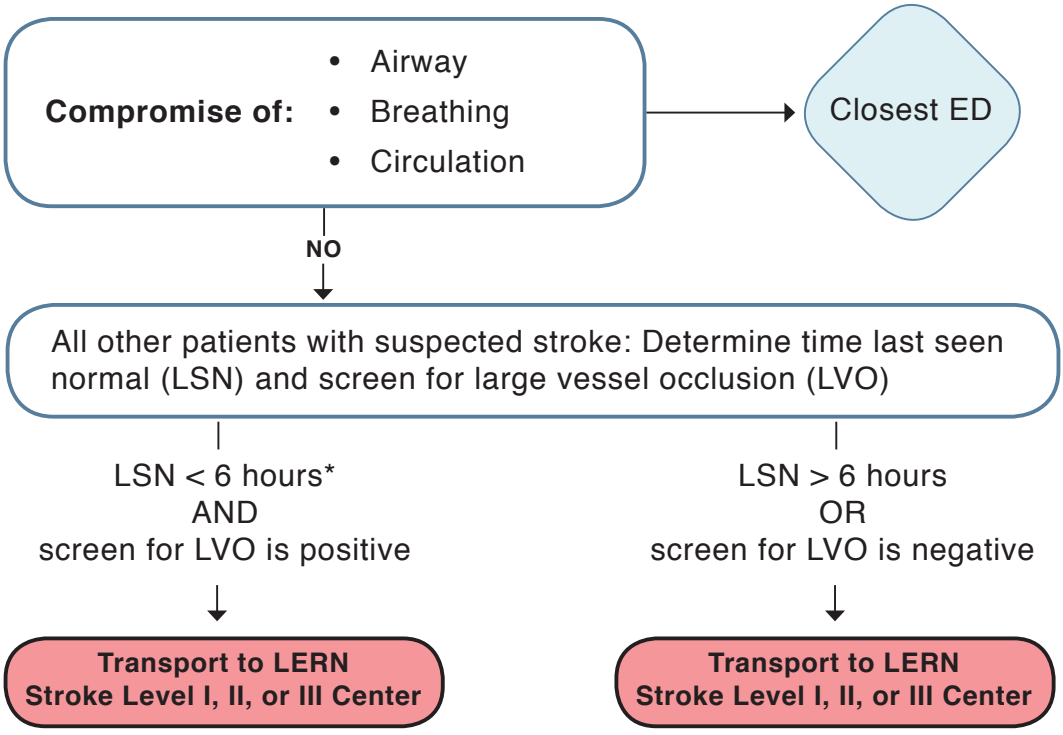
Patient must have weakness plus one or all of the V, A, or N to be VAN positive. VAN positive patients had 100% sensitivity, 90% specificity, positive predictive value 74%, and negative predictive value 100% for detecting large vessel occlusion.
CTA, CT angiography; VAN, vision, aphasia, and neglect.

Source: Teleb MS, Ver Hage A, Carter J, et al.J NeuroIntervent Surg Published Online First: doi:10.1136/ neurintsurg-2015-012131

LOUISIANA
EMERGENCY RESPONSE NETWORK

STROKE DESTINATION PROTOCOL

The following protocol applies to patients with suspected stroke:



If < 15 minutes of additional transport time to reach Level I or endovascular capable Level II Center, transfer to the Level I or endovascular capable Level II Center

If > 15 minutes of additional transport time to reach Level I, II, or III Center than to reach stroke capable Off Site ED, it is acceptable to transport to a stroke capable Off Site ED

* the LSN < 6 hours should include patients without a definite time of LSN, but who could reasonably be assumed to be within 6 hours of onset, including patients who wake-up with stroke symptoms

Guiding Principles:

- Time is the critical variable in acute stroke care
- Protocols that include pre-hospital notification while en route by EMS should be used for patients with suspected acute stroke to facilitate initial destination efficiency
- Treatment with intravenous tPA is the only FDA approved medication therapy for hyperacute stroke
- EMS should identify the geographically closest hospital capable of providing tPA treatment
- Transfer patient to the nearest hospital equipped to provide tPA treatment
- Secondary transfer to facilities equipped to provide tertiary care and interventional treatments should not prevent administration of tPA to appropriate patients

Adopted 4/20/2017

LERN Communication Center: 1-866-320-8293