

LERN PRE-HOSPITAL STROKE CARE GUIDELINE

Our crucial role in caring for stroke victims is geared toward early recognition and appropriate triage. The *Cincinnati Prehospital Stroke Scale* shall be used as a quick stroke screening tool (consider assessment of Balance and Eyes to BE-FAST). The VAN should be utilized to identify patients with high probability of having a stroke due to large vessel occlusion (LVO). The LERN Stroke Destination Protocol should be followed to appropriately triage the patient with suspected stroke from the field. If present, transport bystander/family member to the ED with pertinent medical information.

Standard Medical Care

Supplemental oxygen to maintain SpO₂ > 94%

Assess blood glucose. If < 60mg/dL, give Dextrose containing solution according to your agency's protocol

Do NOT treat hypertension
(unless directed by Med Control or receiving physician)

Prehospital Stroke Assessment Cincinnati Stroke Scale

F - A - S - T

- F – Facial Droop
- A – Arm Drift
- S – Speech
- T – Time Last Seen Normal

If any 1 of these 3 signs is abnormal, the probability of a stroke is 72%

Perform stroke screening exams (CPSS and VAN) and determine LSN

VAN Assessment

Any weakness **PLUS** any one of the following is considered positive:

- Visual disturbance - field cut, double or blind vision
 - Aphasia – inability to speak or understand
 - Neglect – gaze to one side or ignoring one side
- If the patient is VAN Positive and has a high probability of having LVO.

Transport to closest appropriate Stroke Center based on LERN Stroke Destination Protocol

Position patient supine for transport. If aspiration risk or decreased LOC, elevate head to 30°

Notify receiving Stroke Center as soon as possible for Stroke Activation

- Prior to concluding the Medical Control radio report, identify who will be notifying the receiving ED (EMS or Medical Control).
- Transport to a hospital, based on LERN Stroke Destination Protocol, that has neurological services (on site or remote) and a functional CT scanner, capable of administering thrombolytic. This includes patients who awaken from sleep with neurological deficits and those found with deficits.
- Treat hypotension to improve perfusion as per protocol.
- Treat generalized seizure activity aggressively as per protocol.

Relevant Time Considerations:

- Last Seen Normal (LSN) = the time the patient was last seen or reports being in normal state
- Time Symptoms Noted (TSN) = the time the new symptoms were first noted by patient or witness
- If stroke witnessed or patient awake and able to provide onset, LSN = TSN = Time of Stroke Onset (TSO)
- If stroke unwitnessed and patient is unable to provide onset, LSN is before TSN and TSO is unknown, but sometime between LSN and TSN.

FOR ASSISTANCE WITH TRANSFERS,
CALL THE LERN COMMUNICATION
CENTER:

1-866-320-8293