## 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	Normal	Balance	Gait/Ataxia
Abnormal: Inability to walk, abnormal gait, ataxia			
Eyes-Visual Acuity, visual field assessment		Left	Right
Normal: Vision normal for patient, with or without correction	Normal		
Abnormal: Sudden double or blurred vision, blindness, visual field cut			
Face-Have patient smile or show teeth		Left	Right
Normal: Both sides of face move equally	Normal		
Abnormal: One side of face weak/unequal/movement absent			
Arm-Arm-Extend arms, close eyes, palms down		Left	Right
Normal: Both arms move equally or not at all	Normal		
Abnormal: One arm drifts compared to the other			
Speech-Ask patient to repeat, "You can't teach an old dog new tricks"		Slurred	Fluency/ Comprehension
Normal: Patient uses correct words with no slurring	Normal		
Abnormal: Speech fluency disruption, slurred speech or is mute			
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 CONCSIOUSNESS		Incorrectly answers at least one of two LOC questions <b>AND</b> 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 $\geq$ 2***					

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Time of Onset/Last Normal	BE FAST	C-STAT	Action #1	Action #2
0-6 hours	Positive	Positive	Activate STROKE 1	Transport directly to Bend
0-6 hours	Positive	Negative	Activate STROKE 1	Transport to closest facility
6-24 hours	Positive	Positive	Activate STROKE 1	Transport directly to Bend
6-24 hours	Positive	Negative	Do Not Activate	Transport to closest facility
Unknown onset & Last Normal < 24 hours	Positive	Positive	Activate STROKE 1	Transport directly to Bend
Unknown onset & Last Normal < 24 hours	Positive	Negative	Do Not Activate	Transport to closest facility
*** Symptomatic and impro	ving		Activate STROKE 1	As defined above
*** Complete resolution pri	or to arrival		Do Not Activate	Transport to closest facility

- C-STAT positive cases who are within 60 minute driving distance to Bend, should be transferred by ground ambulance directly to Bend.
- Air Ambulance activation should be considered for cases that meet criteria for direct transport to Bend and have ground transport times > 60 minutes. This will be dependent on weather conditions and judgement of the EMS team on the scene.