

**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 semi-fowlers position with 30 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 contacting the ER via HEAR asap. Communicate “last known normal” time.
- H. Document serial neurologic examinations.
- I. Prepare to suction airway as needed.

**NOTES & PRECAUTIONS:**

- A. Do not treat hypertension or give aspirin.
- B. All potential stroke patients should go to an appropriate stroke center.
- C. Pt’s experiencing a TIA are at 10-30% risk of having a stroke within 30-90 days.

**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, Lovenox, Xarelto, Eliquis, Pradaxa with generics of Warfarin, Apixaban, Rivaroxaban, Dabigatranor, and Heparin.

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

LARGE VESSEL OCCLUSION (LVO ASSESSMENT)

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

| Last Known Normal (LKN)                  | B.E. F.A.S.T. | C-STAT               | Action #1                | Action #2                              |
|--|---------------|----------------------|--------------------------|--|
| 0-24 Hours                               | Positive      | Positive             | Activate <b>STROKE 1</b> | Transport directly to <b>SCMC Bend</b> |
| 0-24 Hours                               | Positive      | Negative             | Activate <b>STROKE 1</b> | Transport to <b>closest facility</b>   |
| LKN > 24 hours or unknown LKN            | Positive      | Positive or Negative | Do Not Activate          | Transport to <b>closest facility</b>   |
| *** Symptomatic and improving            |               |                      | Activate <b>STROKE 1</b> | As defined above                       |
| *** Complete Resolution prior to arrival |               |                      | Do Not Activate          | Transport to <b>closest facility</b>   |

- 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.