

**Oakland County Medical Control Authority**  
**ADULT TREATMENT**  
**STROKE OR SUSPECTED STROKE**

Revised Date: October, 2018

Section 3-2

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***Stroke or Suspected Stroke***

1. Follow **General Pre-hospital Care Protocol**.
2. If the patient presents with a new onset neurological complaint, utilize the Cincinnati Pre-hospital Stroke Scale (CPSS) to screen for stroke:
  - A. **Facial palsy:** Ask the patient to show you their teeth or smile.
  - B. **Arm weakness:** Ask the patient to extend both arms with palms up out in front of them, close their eyes, and hold them there for a count of 10.
  - C. **Speech changes:**
    - a. Check for slurred speech (**dysarthria**) or an inability to speak (**aphasia**) by asking the patient to repeat a simple phrase, for example, "The sky is blue in Michigan."



***Any deficit in the CPSS is considered positive for stroke.***

- D. **Time:** If signs of stroke are present, identify and document the **date and time**:
        - a. The patient was last known well.
        - b. Signs and symptoms of stroke were first discovered.
3. Establish a differential diagnosis of stroke by attempting to rule out stroke mimics. Common stroke mimics include:
  - A. Hypoglycemia, if blood glucose less than 60 mg/dL treat per **Altered Mental Status Protocol, 3-1**.
  - B. If seizure, follow **Seizure Protocol, 3-4**.
  - C. Drug and/or ETOH intoxication
  - D. Migraines
  - E. Infection
4. Attempt to identify if the patient is taking blood thinner medications.
  - A. Document the name of the medication and the date and time of the patient's last dose.
5. **All stroke patients with a new onset of stroke signs and symptoms of  $\leq 24$  hours are Priority 1 patients! Minimize scene time, ideally  $< 15$  minutes.**
  - A. Limit on-scene treatment to critical interventions only.
  - B. Use minimum O<sub>2</sub> necessary to maintain SPO<sub>2</sub> of  $\geq 94\%$ .
  - C. If stroke is suspected, position patient supine to support collateral blood flow.

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6. Provide a “**STROKE ALERT**” as soon as possible once a differential diagnosis of stroke is established. Pre-hospital notification will include:
  - A. Clearly state, “**STROKE ALERT**”, when contacting the receiving stroke center and provide the following information:
    - a. List of neuro deficits
    - b. Last-known-well date and time
    - c. Date and time of symptom discovery
    - d. Blood thinner usage:
      1. Include name of medication and date/time of last dosage, if available
    - e. Vital signs
    - f. Estimated time of arrival (ETA)
  
7. Assure the following key elements are documented in your patient care report (PCR):
  - A. List and describe the neuro deficits.
  - B. Last known well date and time.
  - C. Date and time of sign and symptom discovery.
  - D. Blood thinner medication name, as well as the date and time of last dosage.
  - E. Next of kin information (name and phone), if available.
  
-  8. Initiate vascular access. **DO NOT delay scene time for IV.**
  - A. An 18 gauge IV in either AC vein is preferred.
  
-  9. 12-lead ECG. **DO NOT delay scene time to obtain a 12-lead ECG.**