Oakland County Medical Control Authority
ADULT TREATMENT
STROKE OR SUSPECTED STROKE

Revised Date: October, 2018

Section 3-2

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 <24 hours are Priority 1 patients! Minimize scene time, ideally <15 minutes.
   A. Limit on-scene treatment to critical interventions only.
   B. Use minimum O2 necessary to maintain SPO2 of > 94%.
   C. If stroke is suspected, position patient supine to support collateral blood flow.
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.**