

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8060.18
	<u>PROGRAM DOCUMENT:</u> Stroke	Initial Date:	11/20/96
		Last Approval Date:	12/08/22
		Effective Date:	05/01/23
		Next Review Date:	12/01/24

Signature on File

 EMS Medical Director

Signature on File

 EMS Administrator

Purpose:

To establish a treatment standard for Emergency Medical Technicians and Paramedics in treating patients showing signs or symptoms of a suspected stroke.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Definitions:

- A. **Stroke** - A condition of impaired blood flow to a patient’s brain resulting in brain dysfunction, most commonly through occlusion or hemorrhage.
- B. **Onset of Symptoms** - The specific date and time when current symptoms were known to have started.
- C. **Last Known Normal/Well** - When the “onset of symptom” cannot be reliably determined (no witness or a poor historian), the Last Known Well time is the most recent time a reliable historian can say the patient was at their baseline health without current symptoms.
- D. **Wake Up Stroke** - Patient awakens with stroke symptoms that were not present prior to falling asleep.
- E. **Suspected Stroke** - Suspected Stroke with one (1) new onset of lateralizing neurological signs; and/or two (2) unexplained new altered level of consciousness (Glasgow Coma Scale < 14) without response to Glucose, Glucagon, or Naloxone (excluding head injury).

Protocol:

- A. If possible, document a reliable time of day that the patient was last observed to be normal either by the patient or witness. A patient who wakes up with symptoms is considered as having an **UNKNOWN** time of onset.

BLS	
<ol style="list-style-type: none"> 1. Ensure patent airway. 2. Supplemental O₂ as necessary to maintain SPO₂ ≥ 94%. Use the lowest concentration and flow rate of O₂ as possible. 3. Perform Blood Sugar determination. 4. Transport. 	
ALS	
<ol style="list-style-type: none"> 1. Advanced airway adjuncts as needed. 2. Cardiac Monitoring. 3. Determine Cincinnati Prehospital Stroke Scale (CPSS). Normal response is 0, Abnormal is 1, Maximum Score is 3. 4. Initiate vascular access. If time allows, without delaying transport, initiate a second access line. Minimum 20g in AC when possible. 5. If CPSS is >0, and "last seen normal" *time, including wake-up Stroke, is twenty-four (24) hours or less, the patient is to be taken to a certified stroke center. 6. Prehospital personnel will contact the receiving hospital and clearly announce: "Stroke Alert" and give the following information if available: <ul style="list-style-type: none"> • Last time of day observed to be "normal," reported by bystanders. • Patient's name, date of birth, or medical record number, if known. • Baseline Mental Status. 7. When possible and safe to do so, transport a family member or Durable Power of Attorney (DPOA) or obtain and relay to the receiving hospital the name/contact information of the individual(s) who can verify the time of onset of symptoms or last known normal/well time. 	
<p>*If CPSS is=0, OR "last seen normal" time is > twenty-four (24) hours, the patient is <u>NOT</u> a "stroke alert," and destination is per Policy PD# 5050 – Destination.</p>	

Cross Reference: PD# 2525 – EMS Radio Report Format
PD# 2060 – Hospital Services
PD# 5050 – Destination
PD# 5060 – Hospital Diversion

Cincinnati Prehospital Stroke Scale (CPSS)

Sign / Symptom	How tested	Normal 0	Abnormal + 1
Facial Droop	Have the patient show their teeth or smile	Both sides of the face move equally	One side of the face does not move as well as the other
Arm Drift	The patient closes their eyes and extends both arms straight out for 10 seconds	Both arms move the same, or both do not move at all	One arm either does not move, or one arm drifts downward compared to the other
Speech	The patient repeats "The sky is blue in Cincinnati"	The patient says correct words with no slurring of words	The patient slurs words, says the wrong words, or is unable to speak