

TARGET: STROKESM

STROKE IS AN EMERGENCY!

CODE STROKE: ASSESS, ALERT, ARRIVE

Stroke is prevalent and life-threatening

Rapid intervention is crucial in the treatment of stroke

Time equals brain

AHA/ASA recommendations stress urgency of response

- Call 9-1-1 for rapid emergency response and timely treatment of stroke
- Dispatchers should make stroke a priority dispatch
- Alert receiving hospital of potential stroke patient "CODE STROKE"
- Rapid transport of patients to the nearest stroke center

EMS management of suspected stroke

Clinical assessments and actions

- Support ABCs: airway, breathing, circulation – give oxygen if needed
- Perform prehospital stroke assessment
 - Cincinnati Prehospital Stroke Scale
 - Los Angeles Prehospital Stroke Screen (LAPSS)
- Establish time when patient last known normal
- Rapid transport (consider triage to a center with a stroke unit if appropriate; consider bringing a witness, family member, or caregiver)
- Alert receiving hospital stroke center "CODE STROKE"
- Check glucose level if possible

Take the patient to the nearest Primary Stroke Center/GWTG-Stroke Hospital

To find certified primary stroke centers in your area, go to www.jointcommission.org/CertificationPrograms/PrimaryStrokeCenters

EMS bypass of hospital without stroke resources supported by guidelines if stroke center within reasonable transport range

Pre-notify receiving hospital of potential stroke patient

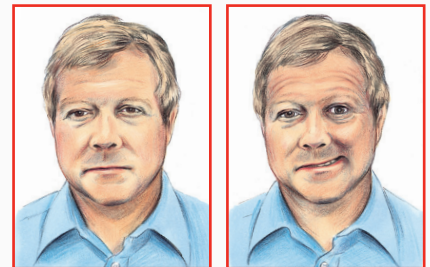
Alert receiving hospital as soon as possible of potential stroke patient "CODE STROKE"

Stroke Assessment

The Cincinnati Prehospital Stroke Scale

Facial Droop (have patient show teeth or smile):

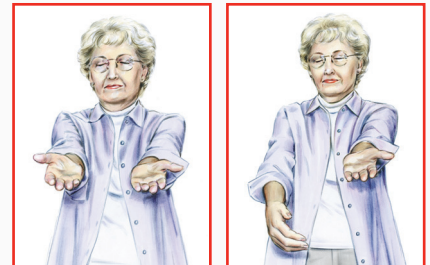
- Normal—both sides of face move equally
- Abnormal—one side of face does not move as well as the other side



Left: Normal. Right: Stroke patient with facial droop (right side of face).

Arm Drift (patient closes eyes and extends both arms straight out, with palms up, for 10 seconds):

- Normal—both arms move the same or both arms do not move at all (other findings, such as pronator drift, may be helpful)
- Abnormal—one arm does not move or one arm drifts down compared with the other



Left: Normal. Right: One-sided motor weakness (right arm).

Abnormal Speech (have the patient say "you can't teach an old dog new tricks"):

- Normal—patient uses correct words with no slurring
- Abnormal—patient slurs words, uses the wrong words, or is unable to speak

Interpretation: If any 1 of these 3 signs is abnormal, the probability of a stroke is 72%.

Modified from Kothari RU, Pancioli A, Liu T, Brott T, Broderick J. Cincinnati Prehospital Stroke Scale: reproducibility and validity. *Ann Emerg Med.* 1999;33:373-378. With permission from Elsevier.

TIME LOST IS BRAIN LOST.™