

Subject: Acute Cerebrovascular Accident(Stroke) Treatment Policy

I. Definition

- A. Sudden onset weakness, paralysis, confusion, speech disturbances. May be associated with a headache.
- B. Stroke Alert Criteria:

Stroke Alert Criteria BEFAST Assessment	
Balance:	Does the person have sudden onset loss of balance, difficulty ambulating, and/or lack of coordination?
Eyes	Has the person had a sudden change of vision in one or both eyes?
Facial Droop	Does the person’s face appear uneven?
Arm Weakness	Ask patient to close both eyes and extended both arms out straight, palms up, for 10 seconds. If both arms move the same or do not move, the test is normal. If one arm drifts downwards, the test is abnormal. Patients with arm weakness will tend to pronate (turn palms sideways or down).
Speech Abnormalities	Have the patient say, “The sky is blue today”. If the patient speaks without slurring, the test is normal. If the patient slurs words or is unable to speak, the test is abnormal.
Time	When did the symptoms first begin and/or when was the patient last seen normal. Do not delay transport if the interval from the onset of symptoms to arrival at receiving facility is expected to be 3.5 hours or less.
If any one of these tests is abnormal and is a new finding, the Stroke Scale is abnormal and may indicate an acute stroke. Consult family if abnormalities are different from baseline.	

II. Basic Life Support –
 Note: Blood Glucose can only be performed by EMTs and Paramedics.

- A. Provide General Medical Care.
- B. Perform a BEFAST assessment.
- C. Early receiving facility notification of a Stroke Alert if indicated.
- D. Check blood glucose: (EMT and Paramedic Only)
 - 1. If hypo/hyperglycemia etiology is suspected, refer to *treatment guideline Draft Hypo/Hyperglycemia*.

III. Advanced Life Support

- A. Establish IV.
- B. Obtain 12 lead EKG per *procedure guideline Draft 12 Lead EKG*.
- C. If seizures occur refer to *treatment guideline Draft Seizures*.

IV. Special Considerations

- A. If onset of symptoms is within 3.5 hours, transport to receiving facility is a priority to rapidly identify large vessel occlusions.
- B. If the exact time of onset of symptoms is unclear, use the last time patient known to be at baseline.
- C. Contact receiving facility as early as possible.
- D. If possible, bring a family member or other on-scene historian to the receiving facility.

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V. Base Orders	
A. None.	
VI. Contraindications	
A. None.	
VII. Associated Policies	
A. General Medical Care	Policy No.
B. Hypo/Hyperglycemia	Policy No.
C. 12 Lead EKG	Policy No.
D. Seizures	Policy No.