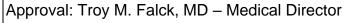


### **Suspected Stroke**

N-3



Effective: 12/01/2024

# Approval: John Poland – Executive Director

Next Review: 10/2027

#### Cincinnati Prehospital Stroke Scale (CPSS) **Normal Result** Component **Abnormal Result Facial Droop** One side of face does not move as Both sides of face move equally (Ask pt to show teeth or smile) well as the other side Arm Drift Both arms move the same, or both One arm does not move, or one arm (Ask pt to close eyes & hold both arms do not move drifts down compared with the other arms out with palms up) Speech Pt slurs words, uses the wrong (Ask pt to say "you can't teach an old Pt uses correct words with no slurring words, or is unable to speak dog new tricks")



- Assess V/S, including SpO<sub>2</sub>
- O<sub>2</sub> at appropriate rate if hypoxemic (SpO<sub>2</sub> <94%) or short of breath
- Perform CPSS assessment

## Suspect stroke for any of the following:

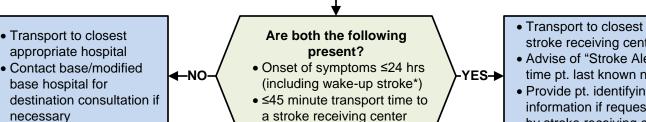
- New onset symptoms with abnormal CPSS
- New onset altered state (GCS <14) with unidentifiable etiology
- CPSS is normal, but patient/bystander report stroke symptoms within previous 24 hrs

### If stroke suspected:

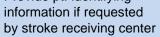
- Determine time of onset of symptoms (pt last known normal)
- When possible, obtain and relay to the receiving hospital the name/contact information of the individual who can verify the time of onset of symptoms (pt last known normal)
- Check blood glucose (if glucometer available)
- Transport as soon as possible (scene time should be ≤10 mins)



- Consider advanced airway if GCS ≤8 or need for airway protection
- Cardiac monitor, consider 12-lead EKG (do not delay transport to perform 12-lead EKG)
- Obtain blood draw if requested by stroke receiving center
  - IV/IO NS TKO (may bolus up to 1000 mL)



stroke receiving center Advise of "Stroke Alert" & time pt. last known normal Provide pt. identifying



\*Wake-up stroke definition: Pt awakens with stroke symptoms that were not present prior to falling asleep