

EMT/ADVANCED EMT/PARAMEDIC STANDING ORDERS

E/A/P

- Routine Patient Care.
- Perform Cincinnati Pre-hospital Stroke Scale, or equivalent nationally recognized stroke scale.
- Clearly determine time of onset of the symptoms or the last time seen well.
 - If the patient wakes from sleep or is found with symptoms of stroke, the time of onset of first symptoms is defined as the last time the patient was observed to be normal.
- If any 1 of the signs of the stroke scale is abnormal notify the emergency department of a “Stroke Alert” as soon as possible, per local stroke plan, and ensure to provide the last time seen well and onset of symptoms.
- Obtain glucose reading via glucometer.
- Elevate the head of the stretcher 30 degrees.
- Do not delay for ALS intercept.
- On scene goal should be ≤ 15 minutes.
- Consider air medical transport per local stroke plan.
- Acquire 12-lead ECG, if available.
- Consider transporting a witness, family member, or caregiver with the patient to verify the time of the onset of stroke symptoms.

Prehospital Stroke Scale

Facial Droop: *Have the patient smile and show teeth.*

Normal: Both sides of the face move equally well..

Abnormal: One side of the face does not move as well as the other.

Arm Drift: *Have the patient close their eyes and hold arms extended.*

Normal: Both arms move the same, or both arms don't move at all.

Abnormal: One arm doesn't move, or one arm drifts down compared to the other.

Speech: *Ask the patient to repeat a phrase such as, “You can't teach an old dog new tricks”.*

Normal: Patient says the correct words without slurring.

Abnormal: Patient slurs words, says the wrong word, or is unable to speak.

If 1 or more of the above 3 signs are abnormal, then your patient has an abnormal stroke scale finding. An abnormal stroke scale finding has a high probability of having a stroke.

PEARLS:

The “D's of Stroke Care” “Improve Door to Needle Time”

- Detection: Rapid recognition of stroke symptoms.
- Dispatch: Early activation and dispatch of emergency medical services (EMS) system by calling 911.
- Delivery: Rapid EMS identification, management, and transport.
- Door: Appropriate triage to stroke center.
- Data: Rapid triage, evaluation, and management within the emergency department (ED).
- Decision: Stroke expertise and therapy selection.
- Drug: Fibrinolytic therapy, intra-arterial strategies.
- Disposition: Rapid admission to stroke unit, critical-care unit.

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your local Stroke agreement
plan.