

STROKE TIA

HPI	Signs & Symptoms	Differential Diagnosis
<ul style="list-style-type: none"> • Previous CVA/ TIA's • Associated diseases; diabetes, hypertension, CAD, atrial fibrillation • Medications: Coumadin, Eliquis, Xarelto • Recent trauma 	<ul style="list-style-type: none"> • Altered mental status • Weakness, paralysis • Blindness/sensory loss • Aphasia, dysarthria • Headache, Hypertension • Respiratory pattern change • Seizures 	<ul style="list-style-type: none"> • Hypo/er-glycemia • Seizure • Brain tumor • TBI

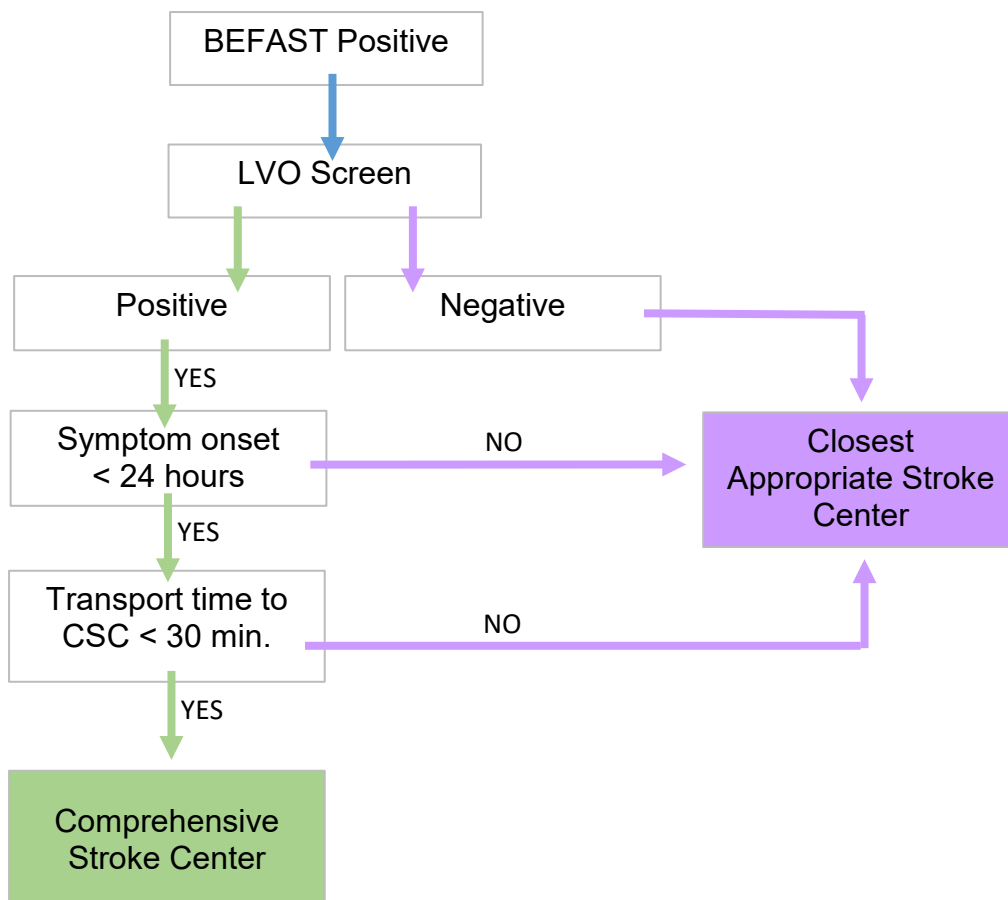
	EMR	EMT	PM
1. Provide Adult Routine Medical Care - treat life threatening problems with airway, breathing, circulation and disability.	•	•	•
2. Determine last known well time	•	•	•
3. Obtain blood glucose level. If blood glucose is < 60 or > 250, see Diabetic Emergencies protocol	•	•	•
4. Perform BEFAST Stroke Scale and if positive, perform Large Vessel Occlusion (LVO) Screen If negative LVO Screen, transport to closest appropriate Stroke Center. Contact OLMC with Stroke Alert. If positive LVO Screen, see chart below for appropriate destination.	•	•	•
5. Obtain ECG and 12 lead, monitor Capnography.		•	•

	Assess	Abnormal (acute findings)
B Balance	performance of finger to nose and heel to shin test	loss of balance, dizziness, or trouble walking
E Eyes	conjugate gaze	vision loss, diplopia, blurred vision, or fixed gaze deviation
F Face	smile	facial numbness or weakness
A Arm	arms extended with palms up and leg raise for drift	unilateral weakness or numbness to arms or legs
S Speech	repeating a phrase or naming a common object	difficulty speaking or comprehension
T Time	Established last known well time	Activate Stroke Alert if symptoms within 24 hours

LARGE VESSEL OCCLUSION SCREEN: Any one of the following

1. Dense/profound deficit
 - new sudden onset speech deficit
 - sudden significant gait disturbance
 - significant extremity weakness
2. Fixed eye gaze deviation
3. Hemineglect (ignoring one side of the body)

DESTINATION DETERMINATION:



NOTE:

1. Rapid neurologic deterioration (unequal pupils, decerebrate posturing, lateralizing signs) often seen secondary to increased ICP should be treated with ventilations guided by Capnography. Ventilate patient 1 breath/3-6 seconds to Capnography of 35 mmHg.
2. Transport to Comprehensive Stroke Center (CSC) if transport time is less than 30 minutes and within agency's normal transport destination.
3. If positive BEFAST, notify **OLMC** of Stroke Alert. If positive LVO screen, notify **OLMC** of Stroke Alert with positive LVO.