Stroke Assessment

The Cincinnati Prehospital Stroke Scale

Facial Droop
(have patient show teeth or smile)

- Both sides of face move equally.
- One side of face does not move as well as the other side.

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

- Both arms move the same or both arms do not move at all.
- One arm does not move or one arm drifts down compared with the other.

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.

If any 1 of these 3 signs is abnormal, the probability of a stroke is 72%.
Suspected Stroke Algorithm: Goals for Management of Stroke

Identify Signs and Symptoms of Possible Stroke
Active Emergency Response

Critical EMS assessments and actions

Immediate general assessment and stabilization*
- Assess ABCs, vital signs
- Provide oxygen if \( \text{O}_2 \) sat <90% unless short of breath
- Obtain IV access and perform laboratory assessments
- Check glucose; treat if indicated
- Obtain 12-lead ECG
- Perform neurologic screening assessment
- Order emergent CT without contrast

Immediate neurologic assessment by stroke team or designee
- Review patient history
- Establish time of symptom onset or last known normal
- Perform neurologic examination (NIH Stroke Scale or Canadian Neurological Scale)

Does CT Scan Show Hemorrhage?

No hemorrhage
- Probably acute ischemic stroke; consider fibrinolytic therapy
  - Check fibrinolytic exclusions
  - Repeat neurologic exam: are deficits rapidly improving to normal?

Hemorrhage
- Consult neurologist or neurosurgeon; consider transfer if not available.
  - Begin stroke or hemorrhage pathway
  - Admit to stroke unit or intensive care unit

Patient remains candidate for fibrinolytic therapy?

Not a candidate
- Administer aspirin

Candidate*

Review risks/benefits with patient & family.
If acceptable:
- Give rtPA**
- No anticoagulants or antiplatelet treatment for 24 hours


If onset >3 hours consider triage to hospital with interventional capabilities for stroke.

NINDS TINE GOALS
- Within 15 min of ED Arrival
- Within 25 min of ED Arrival
- Within 45 min of ED Arrival
- Within 60 min of ED Arrival

Suspected Stroke Algorithm: This document is current with respect to 2019 American Heart Association Guidelines for CPR and ECC. These guidelines are current until they are replaced in October 2020. If you are reading this page after October 2020, please contact ACLS Training Center at support@acls.net for an updated document. Version 2020.06.a

© ACLS Training Center | +1 877-560-2940 | support@acls.net
Complete your ACLS recertification online with the highest quality course at http://www.acls.net and use promo code PDF2016.