



Suspected Stroke

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Cincinnati Prehospital Stroke Scale (CPSS)

Test	Normal	Abnormal
Facial Droop (Ask pt. to 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 (Ask pt. to close eyes and hold both arms out with palms up)	Both arms move the same, or both arms do not move	One arm does not move, or one arm drifts down compared with the other
Speech (Ask pt. to say “you can’t teach an old dog new tricks”)	Pt. uses correct words with no slurring	Pt. slurs words, uses the wrong words, or is unable to speak

BLS

- Assess V/S, including SpO₂
- O₂ at appropriate rate if hypoxemic (SpO₂ < 94%) or short of breath
- Perform CPSS assessment

Suspect stroke for either of the following:

- New onset symptoms with abnormal CPSS
- New onset altered state (GCS < 14) with unidentifiable etiology

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(s) 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 minutes)

ALS

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

- Transport to closest appropriate hospital
- Contact base/modified base hospital for destination consultation if necessary

Are both the following present?

- Onset of symptoms ≤ 24 hrs (including wake-up stroke*)
- ≤ 45 minute transport time to a stroke receiving center

- Transport to closest stroke receiving center
- Advise of “Stroke Alert” & time pt. last known normal
- Provide pt. identifying information if requested by stroke receiving center

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