

**Suspected Stroke**

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Effective: 10/01/2026

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Next Review: 07/2029

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 pt/bystander report stroke symptoms within previous 24 hrs
- **Wake-up stroke definition:** Pt awakens with stroke symptoms that were not present prior to falling asleep

Cincinnati Prehospital Stroke Scale (CPSS) (Score 0-3)

Component	Normal Result (0 point ea.)	Abnormal Result (1 point ea.)
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 & 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
- 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)

LALS

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

Are both the following present?

- Transport to closest appropriate hospital

←NO

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

-YES→

- Transport to closest stroke receiving center*
- Advise of "Stroke Alert" & time pt. last known normal

*If CPSS >1 & ≤45 min transport time to a Comprehensive or Thrombectomy Capable Stroke Center: Contact the closest stroke receiving center for destination consultation due to concern for Large Vessel Occlusion (LVO)