

STROKE ALERT

OVERVIEW:

When the blood supply to the brain is interrupted or blocked for any reason, the consequences are usually dramatic. Control over movement, perception, speech, or other mental or bodily functions is impaired, and consciousness itself may be lost. Disruptions of blood circulation to the brain may result in a stroke -- a disorder that occurs in two basic forms, Embolic and Hemorrhagic, both potentially life-threatening. A "Stroke Alert" allows a provider in the field to notify the receiving hospital of an incoming suspected CVA/Stroke. Early notification of and preparation by the receiving facility allows a reduction in overall time between onset of symptoms and definitive treatment. It should be noted that, as with a Trauma Entry or STEMI Alert, the receiving hospital will determine the level of response it implements for a "Stroke Alert." The hospital may choose to direct admit to CT or evaluate the patient further in the ER.

INDICATIONS:

- Suspected Stroke/CVA with onset of symptoms < 4 hours.
- Patient showing no signs of improvement.
- In order to go directly to CT, patient must not have a compromised airway.

CONTRAINDICATIONS:

- None

PROCEDURE:

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| EMT | <ul style="list-style-type: none"><input type="checkbox"/> Initiate rapid packaging of patient.<input type="checkbox"/> Code 3 transport.<input type="checkbox"/> Notify receiving hospital ASAP with standard HEAR report plus:<ul style="list-style-type: none"><input type="checkbox"/> "Stoke Alert"<input type="checkbox"/> Time of onset of symptoms<input type="checkbox"/> Cincinnati Stroke Scale results.<input type="checkbox"/> Focal deficits present<input type="checkbox"/> Blood Glucose results<input type="checkbox"/> Receiving facility will determine, based on your assessment and resource availability, whether the patient will bypass the ER and go directly to CT. | EMT |
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CONSIDERATIONS: