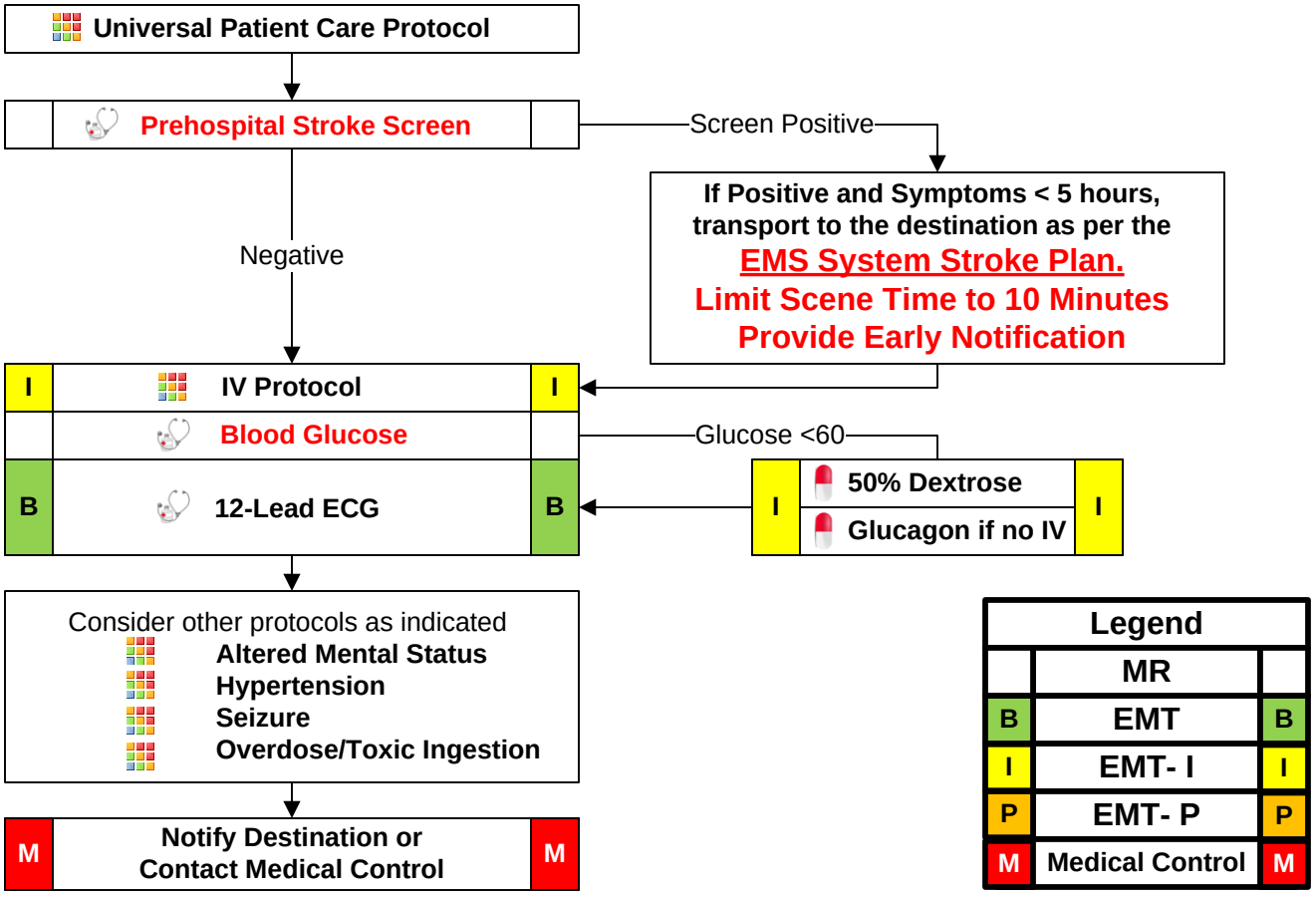
Suspected Stroke

History
- Previous CVA, TIA's
- Previous cardiac / vascular surgery
- Associated diseases: diabetes, hypertension, CAD
- Atrial fibrillation
- Medications (blood thinners)
- History of trauma

Signs and Symptoms
- Altered mental status
- Weakness / Paralysis
- Blindness or other sensory loss
- Aphasia / Dysarthria
- Syncope
- Vertigo / Dizzyness
- Vomiting
- Headache
- Seizures
- Respiratory pattern change
- Hypertension / hypotension

Differential
- **See Altered Mental Status**
- **TIA (Transient ischemic attack)**
- **Seizure**
- **Hypoglycemia**
- **Stroke**
  - **Thromboticor Embolic (~85%)**
  - **Hemorrhagic (~15%)**
- **Tumor**
- **Trauma**



Medical Protocols

Pearls
- **Recommended Exam: Mental Status, HEENT, Heart, Lungs, Abdomen, Extremities, Neuro**
- **Items in Red Text are key performance measures used in the EMS Acute Stroke Care Toolkit**
- **The Reperfusion Checklist should be completed for any suspected stroke patient. With a duration of symptoms of less than 5 hours, scene times should be limited to 10 minutes, early destination noticifation/activation should be provided and transport times should be minimized based on the EMS System Stroke Plan.**
- **Onset of symptoms** is defined as the last witnessed time the patient was symptom free (i.e. awakening with stroke symptoms would be defined as an onset time of the previous night when patient was symptom free)
- The differential listed on the Altered Mental Status Protocol should also be considered.
- Elevated blood pressure is commonly present with stroke. Consider treatment if diastolic is > 110 mmHg.
- Be alert for airway problems (swallowing difficulty, vomiting/aspiration).
- Hypoglycemia can present as a localized neurologic deficit, especially in the elderly.
- Document the Stroke Screen results in the PCR.
- Document the 12 Lead ECG as a procedure in the PCR.