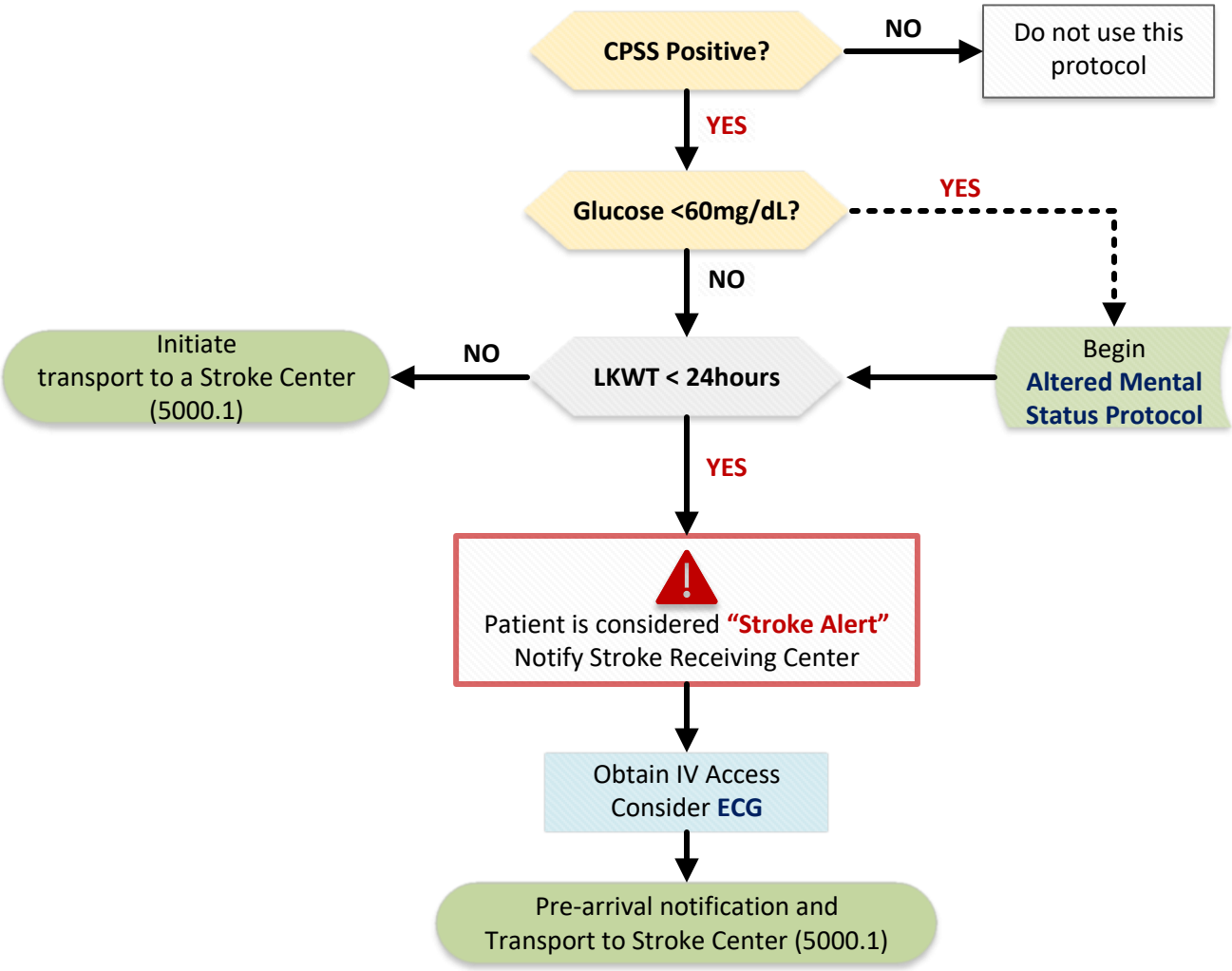
STROKE

Link to legend will be added before finalized

- Assess ABC's, **vital signs**, **Oxygen** PRN (goal >94%)
- Rapidly identify signs of a stroke using the **CPSS** (Appendix A)
- Obtain history from reliable patient or bystander/caretaker including:
  - History of recent trauma, seizure, stroke, surgery or hemorrhage
  - Baseline functional status and prior neurologic deficits
  - Medication list, in particular blood thinners
  - "Last known well time" (LKWT)

DRAFT EMSAC AUGUST 2026



Comments

- "Last known well time" (LKWT) must be specific. If the patient was last known well prior to bedtime the night before, this is the time to be documented (not the time the patient woke up with symptoms present). If witness is not accompanying patient to the hospital, obtain their phone number if possible.
- Elevate head of stretcher 30 degrees only if there is concern for aspiration risk or SBP >100mmHg
- For "Stroke Alert" the goal on scene time **< 10** minutes
- For patients with signs and symptoms of stroke between **6 - 24** hours, consider not utilizing lights and sirens during transport
- Documentation: Patient Contact, "LKWT", stroke scale, blood glucose, pre-arrival notification

Effective: xxxxx
Supersedes: NEW

APPENDIX A: CINCINNATI PREHOSPITAL STROKE SCREEN

Cincinnati Prehospital Stroke Screen		
Facial Droop	0	Absent
	(+) 1	Present
Arm Drift	0	Absent
	(+) 1	One side drifts down
Speech Defecit	0	Normal
	(+) 1	Abnormal
Total (0-3)	**/3**	

Total ≥ 1 is a suspected **"Stroke Alert"**

Comments

- Detailed instructions:

- Facial Droop: Ask the patient to smile or show teeth.
  Abnormal: one side of the face does not move as well as the other.
- Arm Drift: Ask patient to extend both arms out with eyes closed with palms down (45° if lying, 90° if sitting) for 10 seconds.
  Abnormal: one arm drifts downward compared to the other.
- Speech Deficit: The patient repeats a phrase such as "It's always sunny in San Francisco."
  Abnormal: slurs words, uses incorrect words or is unable to speak.

- Higher scores (e.g. ≥2) may be indicative of a more severe suspected stroke.