



Introduction

Designated stroke centers are capable of thrombolizing acute thrombotic stroke patients. EMS is integral in assuring that eligible patients arrive at stroke centers and receive thrombolytics within three hours of symptom onset. To achieve these goals facilities might have to be bypassed in favor of stroke centers.

Prior to initiating the acute stroke management guideline, Regional Health Authorities must negotiate with a stroke center regarding acceptance of the patient and ensure that home facilities will accept these patients back should thrombolysis not take place.

Only personnel that are trained and certified in the use of a Glucometer are eligible to use this guideline.

- a. Refer to appropriate Emergency Treatment Guideline for a complete description and/or application.
- b. Signs and symptoms of a possible stroke include:

Weakness, numbness or tingling
Trouble speaking

Vision problems
Severe headache in presence of reduced level of consciousness

- c. The Cincinnati Pre-Hospital Stroke Scale includes the following components:

Facial Droop (have the patient show teeth or smile):

Normal: both side of the face move equally well

Abnormal: one side of the face does not move as well as the other side

Arm Drift (patient closes eyes and holds both arms out):

Normal: both arms move the same or both arms do not move at all (other findings, such as pronator grip may be helpful)

Abnormal: one arm does not move or one arm drifts down compared with the other

Speech (have the patient say a statement such as "You can't teach an old dog new tricks."):

Normal: patient uses correct words with no slurring

Abnormal: patient slurs words, uses inappropriate words, or is unable to speak

An abnormality in any single item of the Cincinnati Stroke Scale (facial droop, arm drift, speech) identifies the patient is potentially having a stroke if there are no other obvious causes for the neurological deficit(s).

- d. Established time of symptom onset or when patient was last seen healthy **and** estimated time of arrival to stroke center emergency room **must be** two hours or less.
- e. On scene times should be kept to a minimum with transport to the nearest appropriate health care facility. Monitor, assess and treat en route. Notify and report patient status and all findings to the receiving facility staff and document all actions on the patient care report including the decision to initiate load and go (if applicable).
- f. Monitor and treat the patient en route per appropriate Emergency Treatment Guideline(s). Other life threatening complications should be treated if possible and may need to be attended to while en route.

Thrombolytic Therapy for Ischemic Stroke Checklist

Inclusion Criteria

- Age 18 years or older
- Symptoms suggestive of ischemic stroke causing a measurable neurologic deficit
- Treatment can be established within 180 minutes of symptom onset

Exclusion Criteria

- Only minor or rapidly improving stroke symptoms
- Acute internal bleeding ((e.g. gastrointestinal or urinary bleeding within last 21 days)
- Within 3 months of intracranial surgery, serious head trauma or previous stroke
- Within 14 days of major surgery or previous trauma
- Recent arterial puncture at noncompressible site
- Lumbar puncture within 7 days
- History of intracranial hemorrhage, arteriovenous malformation or aneurysm
- Witnessed seizure at stroke onset
- Recent acute myocardial infarction
- Repeated BP measurements of SBP greater than 185 or DBP greater than 110