

## 2010 Summary of changes - December

### M5 CVA

- Additional information in the General section under the bullet for administering oxygen: if O<sub>2</sub> Saturation monitoring is in scope, titrate oxygen to greater than or equal to 95%, by appropriate oxygen deliver systems to achieve this goal.
- Change in patient positioning: head and shoulders elevated approximately 15<sup>0</sup>(previously 30%) if possible and injuries permit

### M5B Acute Stroke management

- Under introduction a change in time in the following sentence: EMS is integral in assuring that eligible patients arrive at stroke centers and receive thrombolytics within four and one half hours (previously 3 hours) of symptom onset.
- Under item d. A change in time was made: Established time of symptom onset or when patient was last seen healthy **and** estimated time of arrival to stroke center emergency room **must be** three and one half hours (previous 2 hours) or less.
- Additional information provided under d: Stroke Mimics: Acute stroke can be mimicked by a number of conditions, some of which can be screened for in the prehospital setting:
  - Hypoglycemia- Hypoglycemia can mimic a stroke, treatment of underlying hypoglycemia frequently resolves symptoms rapidly.
  - Todd's Paralysis: This condition is a temporary paralysis, that can look similar to stroke that occurs following a seizure. An acute onset of neurological deficits followed by a seizure is **not** Todd's Paralysis and should be treated as an acute stroke. If the time is uncertain transport to stroke center.
  - Trauma: Trauma preceding the neurological deficit is more likely due to trauma than an acute stroke, and should be treated with a trauma protocol. Stroke patients often experience falls and sustain injury in the acute phase. If uncertain as to the timing of trauma and neurological deficits transport to stroke center provided patients is otherwise stable.
  - Other Stroke mimics that cannot be determined in the prehospital setting include migraine, with neurological signs, brain tumor, meningitis/encephalitis, hypertensive encephalopathy.
- Flowchart revised
- Worksheet revised and now a separate document