





Stroke/TIA

Medical



CRITERIA

- Patient with altered mental status, abnormal speech, or altered mobility.
- Patient with history of Stroke/ CVA (Cerebrovascular Accident)

PROTOCOL

EMR	Follow <i>General – Universal Patient Care/Initial Patient Contact protocol.</i>	EMR
EMR	Assess stroke probability using RACE stroke scale.	EMR
EMR	Record time the patient was last seen normal and family contact information	EMR
EMT	Obtain blood glucose level.	EMT
	If patient is hypoglycemic (blood glucose level less than 60mg/dL), go to <i>Altered Mental Status</i> protocol.	
EMT	If symptoms are <24 hours old and the patient has a RACE scale of 5 or greater, transport to a Comprehensive Stroke Center if it does not extend the total transport time by more than 15 minutes. Transport all other stroke patients to a Primary Stroke Center.	EMT
MC	If symptoms began >24 hours ago, consult online Medical Control for destination determination and mode of transport.	MC

PEARLS

-  Stroke management warrants expeditious transport.
-  IV access: Only utilize the right antecubital site if 18g can be established.



See also: Stroke Field Triage Administrative Policy.



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Rapid Arterial Occlusion Evaluation



The RACE Stroke Evaluation Tool is a reliable predictor of possible Large Vessel Occlusions (LVO) that may benefit from direct transport to a Comprehensive Stroke Center.

Evaluation Items	Possible Race Scores	RACE Subscores	DIRECTIONS
Facial Palsy	Facial Palsy Scores (0-2)		
• None Present	0		<i>Examine patient for facial symmetry. Ask patient to smile.</i>
• Mild Facial Droop	1		
• Moderate to Severe Facial Droop	2		
Arm Motor Function	Arm Motor Function (0-2)		
• Normal-Mild Weakness	0		<i>Examine patient for motor function of arms, have patient hold arms out, pain up for 10 seconds and observe.</i>
• Moderate -Weakness/Arm Drift	1		
• Severe- Extreme weakness or paralysis	2		
Leg Motor Function	Leg Motor Function (0-2)		
• Normal-Mild Weakness	0		<i>Examine motor function of legs by asking them to lift and hold legs up off the bed for 5 seconds and observe.</i>
• Moderate - Weakness/Disability/Leg Drift	1		
• Severe- Extreme weakness or Paralysis	2		
Head/Gaze Deviation	Head/Gaze Deviation (0-1)		
• Absent	0		<i>Examine head and eye movements and observe for deviation to one side.</i>
• Present	1		
Aphasia w/Right Side Hemiparesis* (see directions)	Aphasia w/Right Hemiparesis (0-2)		
• Performs both tasks correctly	0		<i>Ask patient to perform the following tasks:</i> 1. "Close your eyes" 2. "Make a fist"
• Performs one (1) task correctly	1		
• Performs neither task correctly	2		
Agnosia w/Left Side Hemiparesis** (see directions)	Agnosia w/Left Hemiparesis (0-2)		
• Patient recognizes his/her arm and the impairment	0		<i>Show patient their parietic (affected arm) and ask:</i> 1. "Do you know whose arm this is?" 2. "Can you lift both arms and clap hands?" <i>Evaluate whether patient recognizes arm and/or impairment</i>
• Patient does not recognize the impairment	1		
• Patient does not recognize arm or impairment	2		
Time Patient last seen normal:			
Patient family contact information:			
<p>If time from stroke onset is <24 hours <u>and</u> the total RACE score is 5 or greater, consider transport to a Comprehensive Stroke Center unless it will delay total transport time by more than 15 minutes. If stroke onset is >24 hrs with a positive RACE score, contact Medical Control to obtain transport destination, bearing in mind that some strokes can be successfully treated even after 12 hours. RACE scores of 4 or less should be transported to the closest Primary Stroke Center.</p>		The MAXIMUM Possible Score is 9	Add up Subscores to obtain a total RACE Score.