



Administrative Policy		4503
Effective October 1, 2018	Expires March 31, 2019	
Policy: Suspected Stroke	Approval: Medical Director Reza Vaezazizi, MD	Signed
Applies To: PSP, EMT, AEMT, PM, MICN, BHP, EMS System	Approval: REMSA Director Bruce Barton	Signed

Enter from the Universal Patient Treatment Protocol
For specific Emergency Stabilization or Patient Management of Suspected Stroke

P S P	E M T	A E M T	P M
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Pertinent Findings			
Environment Medical alert tag Mobility issues	History Family history, epilepsy / seizure history Atrial fibrillation, VAD or artificial heart History of stroke / preexisting deficits Transient symptoms Neurological deficits Last Known Well Time, SAMPLE history, and mLAPSS	Physical Headache, Dizziness Visual problems Speech disturbances Motor weakness, paralysis Altered mental status mLAPSS Exam Balance/Gait Disturbances	Differential Alcohol, Epilepsy, Insulin, Overdose, Uremia, Trauma, Infection, Psychosis, Stroke

Emergency Stabilization, Patient Management or Patient Disposition			
Assure airway protection and give nothing by mouth Protect patient from injury, loosen restrictive clothing, avoid unnecessary movement, preserve privacy Position patient as clinically indicated to meet physiologic requirements	P S P	E M T	A E M T
Attempt to limit scene time to 10 minutes or less, do not delay transport with nonessential treatment Obtain and evaluate blood glucose when AEMT or paramedic is present Determine Last Known Well Time, Time Patient was Discovered, Time Symptoms Began and use of blood thinners Perform modified Los Angeles Prehospital Stroke Screen (mLAPSS) Exam: Evaluate Age, duration of symptoms, medical history implications AND: <u>Facial Symmetry</u> : Ask patient to smile or show teeth Abnormal findings: One side of face does not move / does not move as well as the other <u>Arm Drift</u> : Ask patient to close eyes and hold arms straight out to the front for a few seconds Abnormal findings: One arm does not move / drifts <u>Grip Strength</u> : Ask patient to reach out and squeeze clinicians hands Abnormal findings: unilateral weakness / bilateral weakness / inability to perform		E M T	A E M T
Contact a single REMSA authorized base hospital (BH) in all cases of: Suspected stroke / cerebrovascular accident (CVA) or possible transient ischemic attack (TIA) REMSA BH will evaluate mLAPSS results, LKWT and time symptoms began/discovered to determine destination. Suspected stroke/CVA patients meeting screening criteria will be directed to most appropriate Primary Stroke Center (PSC)			P M



<u>mLAPSS Criteria</u>	Yes	No	
1. Age over 17 years?			
2. No prior history of seizure disorder?			
3. LKWT within 24 hours?			
4. Patient was ambulatory at baseline prior to event?			
5. Blood glucose between 60 and 400?			
6. Exam (<i>look for obvious asymmetry</i>):	<u>Normal-Bilaterally</u>	<u>Right</u>	<u>Left</u>
• Facial Smile/Grimace	<input type="checkbox"/>	- Droop - Normal	- Droop - Normal
• Grip	<input type="checkbox"/>	- Weak Grip - Normal	- Weak Grip - Normal
		- No Grip - Normal	- No Grip - Normal
• Arm Weakness	<input type="checkbox"/>	- Drifts Down - Normal	- Drifts Down - Normal
		- Falls Down Rapidly - Normal	- Falls Down Rapidly - Normal

LA Motor Scale
 If mLAPSS is positive, perform LAMS assessment from the mLAPSS physical exam:

Facial Droop:
 - Absent = 0
 - Present = 1

Grip:
 - Normal = 0
 - Weak grip = 1
 - No grip = 2

Arm Weakness:
 - Normal = 0
 - Drifts down = 1
 - Falls Down rapidly = 2

mLAPSS is positive if criteria #1-5 are YES and unilateral weakness is present in any finding of #6.
 If mLAPSS is positive, perform LAMS screening and initiate rapid transport and early BH notification for destination.

B

Return to Universal Patient Treatment Protocol
For continuing Scene Management, Emergency Stabilization, Patient Disposition, or Patient Management

P	E	A	P
S	M	E	M
P	T	T	M

***** Base Hospital Orders *****

Initiate, modify or repeat standing orders within scope of practice as ordered.

Assess, clarify, monitor, treat within scope of practice, and determine and/or change disposition and/or destination as ordered

Mode of transport determined by operational needs

	E	A	P
	M	E	M
	T	T	M