Information Needed

When was Pt. last observed symptom-free (document as accurately as possible the time of onset of symptoms), change in facial appearance, change in speech, change in strength (one sided weakness), other possible neurological symptoms such as change in eyesight, hearing, swallowing, feeling, balance, gait or coordination. Past history of HTN, cardiac arrhythmia, heart murmur, liver disease or stroke/TIA. Drugs and medications that might cause increased risk of bleeding such as coumadin and Gingko biloba or cause decreased cerebral blood flow such as nicotine or anti-migraine medications. Any history of recent head trauma.

Treatment

Patient needs a CT-scan of the head as soon as possible to determine any intervention beyond maximizing O2 and blood flow to the brain.

1. Determine vitals and apply O2 at the rate of at least 2 l/min.
2. Complete a “Cincinnati” stroke exam.
3. Get IV access and check blood glucose.
4. Advise ED that you are transporting a possible stroke patient with time of onset of symptoms.
5. For blood pressure with systolic > 250 or diastolic > 120, consult medical control for possible intervention and have pt sitting up.
6. For blood pressure with systolic < 100, consult medical control for possible intervention and consider Trendelenberg position for transport.
7. Treat nausea and vomiting with phenergan per protocol.
8. Consult medical control for treatment of headache.

Notes:

1. Vague symptoms of numbness and tingling are not likely to be stroke.
2. When someone awakens with stroke-like symptoms, it is hard to know the exact time of onset.
3. Hypertension may be beneficial in the setting of stroke; the body must overcome increased intracranial pressure to perfuse the brain.

4. Hypotension is detrimental to the brain as is hypoxia and hypoglycemia.
5. Mercy Medical Center does not consider itself to be a stroke center. If thrombolytics are given for stroke in the ED the patient will be flown to a stroke center.
6. Cincinnati Stroke Scale:
   a. Facial droop.
   b. Arm drift.
   c. Clarity of speech.