State of Washington
Prehospital Stroke Triage Destination Procedure

Assess Applicability for Triage
Report from patient or bystander of one or more sudden:
- Numbness or weakness of the face, arm or leg, especially on one side of the body
- Confusion, trouble speaking or understanding
- Trouble seeing in one or both eyes
- Trouble walking, dizziness, loss of balance or coordination
- Severe headache with no known cause

NO
Transport per regional patient care procedures and county operating procedures where they exist

YES
Perform F.A.S.T. Assessment
- Face: unilateral facial droop?
- Arms: unilateral drift or weakness?
- Speech: abnormal or slurred?
- Time last normal (determine time patient last known normal)
  Yes to any one sign (Face, Arms, Speech) = YES
  No to all three signs = NO

NO
Transport per regional patient care procedures and county operating procedures where they exist

YES
Determine Destination
- Transport the patient to the nearest Level I, II, or III Stroke Center.
- If the nearest center is a Level III, and there’s a Level I or II available with no more than 15 minutes increase in transport time, go to the nearest Level I or II Stroke Center.

See side box for additional destination considerations

Limit scene time and alert destination hospital ASAP

Additional Destination Considerations:
- Any additional transport time should not take the patient outside of the IV thrombolysis window of 3.5 hours from the time last seen normal.
- For patients last seen normal plus transport time ≥ 3.5 hours to ≤ 6 hours, consider transport to a Level I Stroke Center or a Level II Stroke Center with intra-arterial interventional capability.
- Assess availability of critical care air transport if it can help get the patient to a Stroke Center within the window of time for intervention.
- If unable to manage airway, consider rendezvous with ALS or intermediate stop at nearest facility capable of definitive airway management.
- If there are two or more Stroke Centers of the same level to choose from within the transport timeframe, patient preference, insurance, physician practice patterns, and local rotation agreements may be considered.
Purpose
The purpose of the Prehospital Stroke Triage and Destination Procedure is to identify stroke patients in the field and take them to the most appropriate hospital. Like trauma, stroke treatment is time-critical – the sooner patients are treated, the better their chances of survival and recovering function. For strokes caused by a blood clot in the brain (ischemic), clot-busting medication must be administered within 4.5 hours from the time they first have symptoms. For most bleeding strokes (hemorrhagic), time is also critical. Currently, there are no accurate tools to distinguish between an ischemic and hemorrhagic stroke in the field so there is no difference in prehospital triage.

This triage tool, along with protocol guidelines and other state policies, are the framework for the Washington State Emergency Cardiac and Stroke System. Regional patient care procedures (PCPs) and especially county operating procedures (COPs) define exactly how the system will work in each community based on its unique EMS resources and stroke centers. The formula for success will look slightly different in each community. Use this tool to develop PCPs and COPs that get the right patient to the right treatment in time, using local resources effectively and efficiently.

Stroke Assessment – F.A.S.T.
The F.A.S.T. assessment tool (also known as the Cincinnati Prehospital Stroke Scale + Time) is a simple but pretty accurate way to tell if someone might be having a stroke. It’s easy to remember: Facial droop, Arm drift, Speech, + Time. If face, arms, or speech is abnormal, it’s likely the patient is having a stroke. Immediately transport the patient to a stroke center. Regional patient care procedures and county operating procedures may provide additional guidance. Alert the hospital on the way. Transport should not be delayed for IV or EKG monitoring.

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<thead>
<tr>
<th>TEST</th>
<th>NORMAL</th>
<th>ABNORMAL</th>
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<tbody>
<tr>
<td>Facial droop:</td>
<td>Ask the patient to show his or her teeth or smile.</td>
<td>Both sides of the face move equally. One side of the face does not move as well as the other.</td>
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<td>Arm drift:</td>
<td>Ask the patient to close his or her eyes and extend both arms straight out for 10 seconds. The palms should be up, thumbs pointing out.</td>
<td>Both arms move the same or both arms do not move at all. One arm drifts down, or one arm does not move at all.</td>
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<td>Speech:</td>
<td>Ask the patient to repeat a simple phrase such as “Firefighters are my friends.” The patient says it correctly, with no slurring.</td>
<td>The patient slurs, says the wrong words, or is unable to speak.</td>
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<td>Time:</td>
<td>Ask the patient, family or bystanders the last time the patient was seen normal. Encourage family to go to the hospital to provide medical history, or obtain contact information for a person who can provide medical history.</td>
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Stroke Warning Signs
- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause