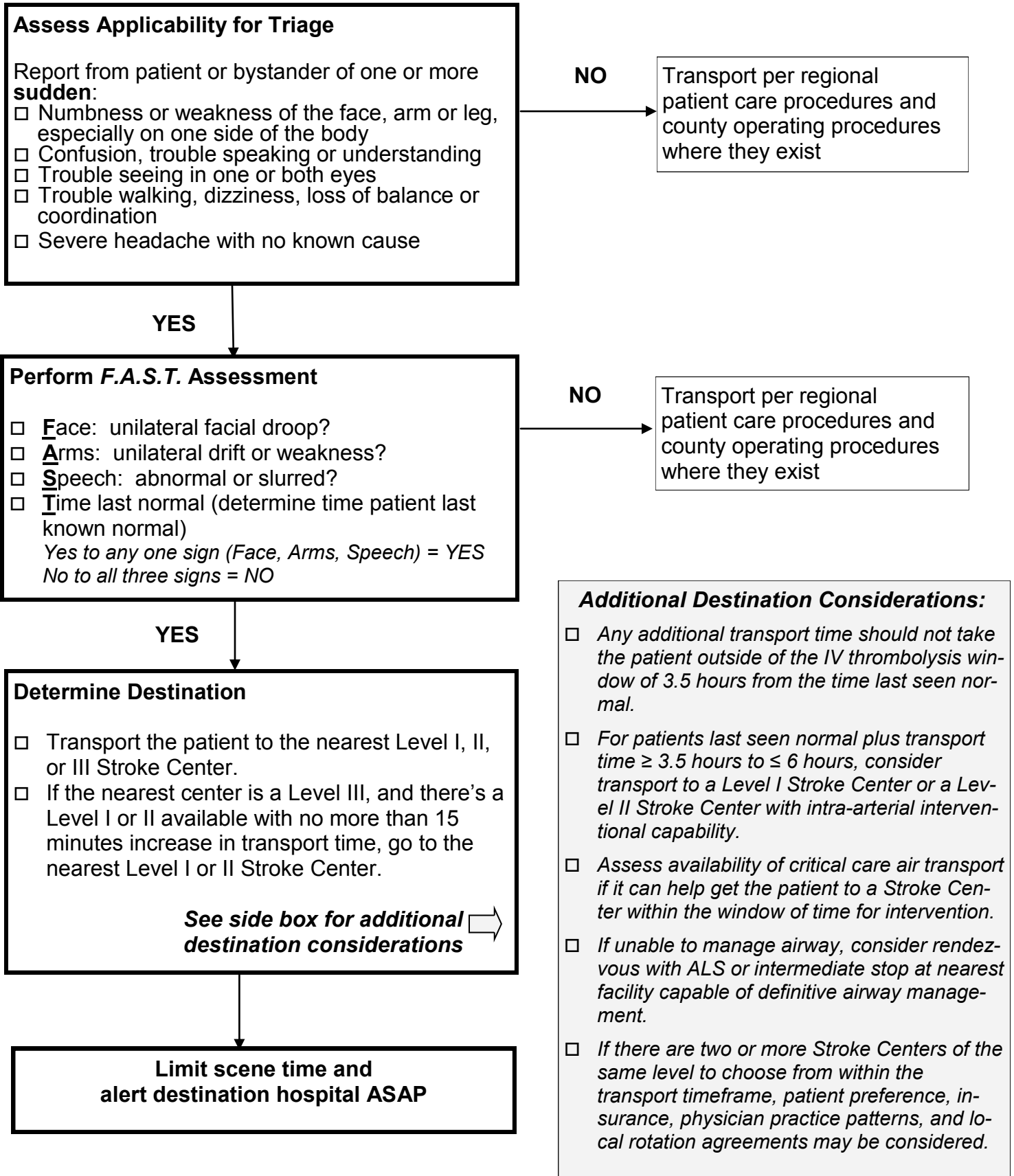


State of Washington Prehospital Stroke Triage Destination Procedure



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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.

TEST	NORMAL	ABNORMAL
F acial droop: Ask the patient to show his or her teeth or smile.	 <p>Both sides of the face move equally.</p> <p><small>© American Heart Association</small></p>	 <p>One side of the face does not move as well as the other.</p> <p><small>© American Heart Association</small></p>
A rm drift: 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.	 <p>Both arms move the same or both arms do not move at all.</p> <p><small>© American Heart Association</small></p>	 <p>One arm drifts down, or one arm does not move at all.</p> <p><small>© American Heart Association</small></p>
S peech: Ask the patient to repeat a simple phrase such as “Firefighters are my friends.”	The patient says it correctly, with no slurring.	The patient slurs, says the wrong words, or is unable to speak.
T ime: 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.		

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