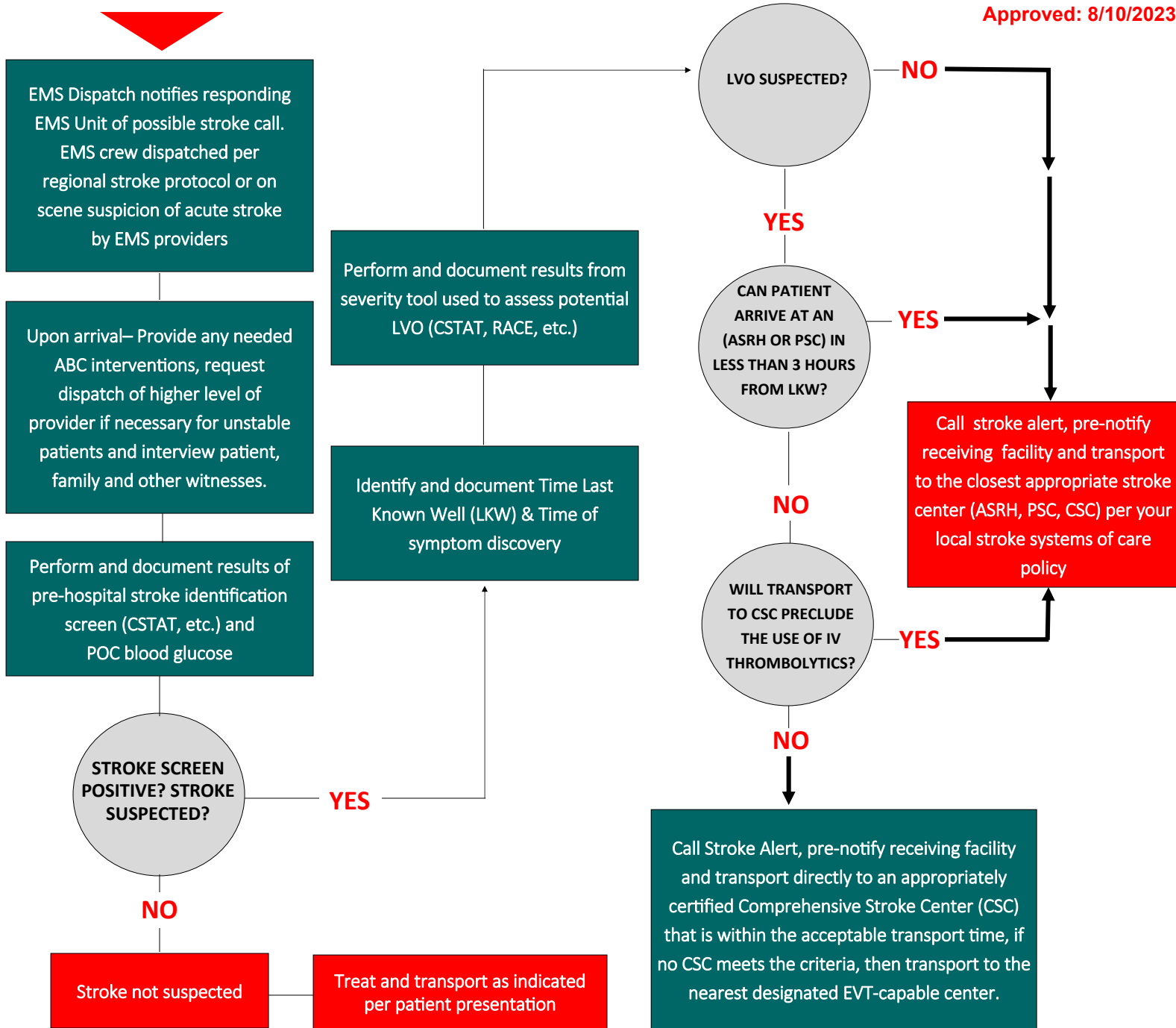


SEVERITY-BASED STROKE TRIAGE ALGORITHM FOR EMS



* THE PATIENT SHOULD BE TRANSPORTED TO THE APPROPRIATE FACILITY AS SOON AS POSSIBLE.

Approved: 8/10/2023



ON SCENE

- Each EMS agency should utilize the Cincinnati Prehospital Stroke Scale (CPSS) to assess patients with non-traumatic onset of focal neurological deficits. Patients with a positive CPSS should be further assessed using the Cincinnati Stroke Severity Assessment Tool (C-STAT) to assess for possible Large Vessel Occlusion (LVO).
- Interview patient, family members and other witnesses to determine Last Known Well (LKW) time and time of Symptom Discovery.
- Attempt to identify possible stroke mimics (eg. seizure, migraine, intoxication) and determine if patient has pre-existing substantial disability (need for nursing home care or inability to walk without help from others).
- Patients who are eligible for IV Thrombolytics if transported to nearest Acute Stroke Ready Hospital (ASRH) or PSC should not be rerouted to a CSC or EVT-capable Center if doing so would result in a delay that would make them ineligible for IV Thrombolytics.
- Collect a list of current medications (especially anticoagulants) and obtain patient history including co-morbid conditions (eg. serious kidney or liver disease, recent surgery, procedures or stroke) that may impact treatment decisions.
- Encourage family to go directly to Emergency Department if not transported with patient and obtain mobile number of next of kin and witnesses.