

CEREBRAL VASCULAR ACCIDENT (CVA) (# 7210)

Purpose: To identify CVA patients who may be candidates for thrombolysis and specialized care at a certified stroke center. Information in this policy is based on the Cincinnati Prehospital Stroke Scale (CPSS). The CPSS evaluates using **FASTT** criteria (**F**acial palsy, **A**rm weakness, **S**peech abnormalities, **T**ime of onset/**T**ransport)

1. Certified Stroke Centers: The following hospital have been designated as certified stroke centers. Patients should be transported to one of the facilities if possible. **Exception:** patients in the City of Alameda should be transported to Alameda Hospital.

- ✓ Alta Bates Medical Center, Berkeley
- ✓ Summit Medical Center, Oakland
- ✓ Washington Hospital, Fremont

Consider transport to one of the following out-of-county centers, if appropriate. Contact the stroke center prior to transport.

- ✓ Stanford University Medical Center, Palo Alto
- ✓ Regional Medical Center, San Jose
- ✓ John Muir Medical Center, Walnut Creek

2. Assessment and transport of suspected CVA patient:

- ✓ Provide routine medical care including pulse oximetry
- ✓ Obtain blood glucose
- ✓ Assess the patient using the Cincinnati Prehospital Stroke Scale

Note: Early transport is essential if CPSS is positive.

Cincinnati Prehospital Stroke Scale (CPSS)			
Sign/Symptom	How tested	Normal	Abnormal
Facial Droop	Have the patient show their teeth or smile	Both sides of the face move equally	One side of the face does not move as well as the other
Arm Drift	The patient closes their eyes and extends both arms straight out for 10 seconds	Both arms move the same, or both do not move at all.	One arm either does not move, or one arm drifts downward compared to the other.
Speech	The patient repeats "The sky is blue in Cincinnati".	The patient says correct words with no slurring of words.	The patient slurs words, says the wrong words, or is unable to speak
Time of Onset	must be within 2.5 hours, observed by a valid historian (for thrombolysis)		
Transport	The patient is considered a <u>possible</u> CVA patient if <u>any</u> of the tested signs/symptoms are abnormal and must be transported to the nearest certified stroke center.		

(CPSS, Kothari, et al., Annals of Emergency Medicine, Volume 33, April 1999)

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3. The patient may be a candidate for thrombolysis if all of the following are true:

- ✓ **One or more** of the CPSS signs/symptoms are present.
- ✓ CPSS signs/symptoms were initially observed within **2.5 hours** of contact by a valid historian. **Please note:** ask when the patient was last seen at normal baseline **and** when the onset of new stroke signs and symptoms appeared.
- ✓ Normal blood glucose level is obtained

Make sure to either:

- **transport the historian to the stroke center in the ambulance; or,**
- **if driving, tell him/her to leave immediately and meet you at the stroke center; or,**
- **obtain a contact number where the historian can be reached by the attending physician.**

4. Treatment and support guidelines (to be done enroute)

- ✓ Transport patient in supine position. If this position is not tolerated or there is evidence of increasing intracranial pressure/intracranial hemorrhage, transport in semi fowlers with no more than 30° head elevation.
 - ✓ Administer low flow oxygen unless hypoxia is present
 - ✓ Establish IV access using no larger than an 18 gauge and no more than 2 attempts. Maintain with a saline lock or IV infusion set TKO.
 - ✓ Obtain a 12-Lead EKG (Specifically watch for STEMI and/or atrial fibrillation)
5. Immediately call the designated stroke center via phone and/or radio and notify them that you are transporting a “possible CVA patient by the Cincinnati Prehospital Stroke Scale (CPSS), ETA ____ minutes”. (**Reminder:** See policy # 5700 “Diversion Criteria” or the information on page iv of the field manual regarding CT Diversion)
6. Document the results of the assessment on the PCR and specifically describe any of the CPSS signs and/or symptoms that were abnormal.