



**Neurological  
STROKE  
Practice Guideline**

**Patient Care Goals:**

1. Identify patients with stroke symptoms, especially those with Large Vessel Occlusion symptoms.
2. Transport patients to the most appropriate certified stroke center based on LVO screen. *All suspected STROKE patients < age 18 should be transported to CHOW.*
3. Code Stroke with LVO status

**Patient Presentation:**

Inclusion Criteria

**Last Known Well Time < 24 hrs plus any of the following:**

»**BEFAST** Screening Inclusion Criteria:

- Balance (sudden loss of balance)
- Eyes (sudden loss of vision)
- Face (face looks uneven suddenly)
- Arm (sudden arm/leg hanging down)
- Speech (suddenly slurred or confused)
- Terrible headache (sudden worst)

»**LVO SNoW** Screening Inclusion criteria:

- S** Speaking Difficulty  
Positive if: difficulty saying 'You can't teach an old dog new tricks'
- N** Neglect  
Positive if: with eyes closed, pt can only feel one side when you touch pts R hand, L hand, both hands.
- O** Ocular deviation  
Positive if: both eyes deviate to one side

**Quality Improvement:**

Key Documentation Elements

1. Last Known Well military time
2. Glucose documentation
3. Identify positive LVO findings
4. Code Stroke Pre-Notification Time <10 minutes
5. Scene time less < 15 minutes
6. Destination hospital
7. Anticoagulation use

**Patient Safety Considerations:**

Safe warning lights and sirens transport may be appropriate with time-sensitive conditions.

**Note:** 2018 Joint Commission Stroke Designations:

**PSC** Primary Stroke Center  
**CSC** Comprehensive Stroke Center (LVO)

*\*Direct transport to LVO center if it does not add >15 min to closest PCS transport time.*

