



**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:

- B**alance (sudden loss of balance)
- E**yes (sudden loss of vision)
- F**ace (face looks uneven suddenly)
- A**rm (sudden arm/leg hanging down)
- S**peech (suddenly slurred or confused)
- T**errible 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
TCSC Thrombectomy Capable Stroke Center (LVO)
CSC Comprehensive Stroke Center (LVO)

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

