Neurological STROKE Practice Guideline

Patient Presentation

Inclusion Criteria

Last Known Well Time < 24 hrs plus any of the following:
BEFAST Screening Inclusion Criteria
LVO SNO Screening Inclusion criteria

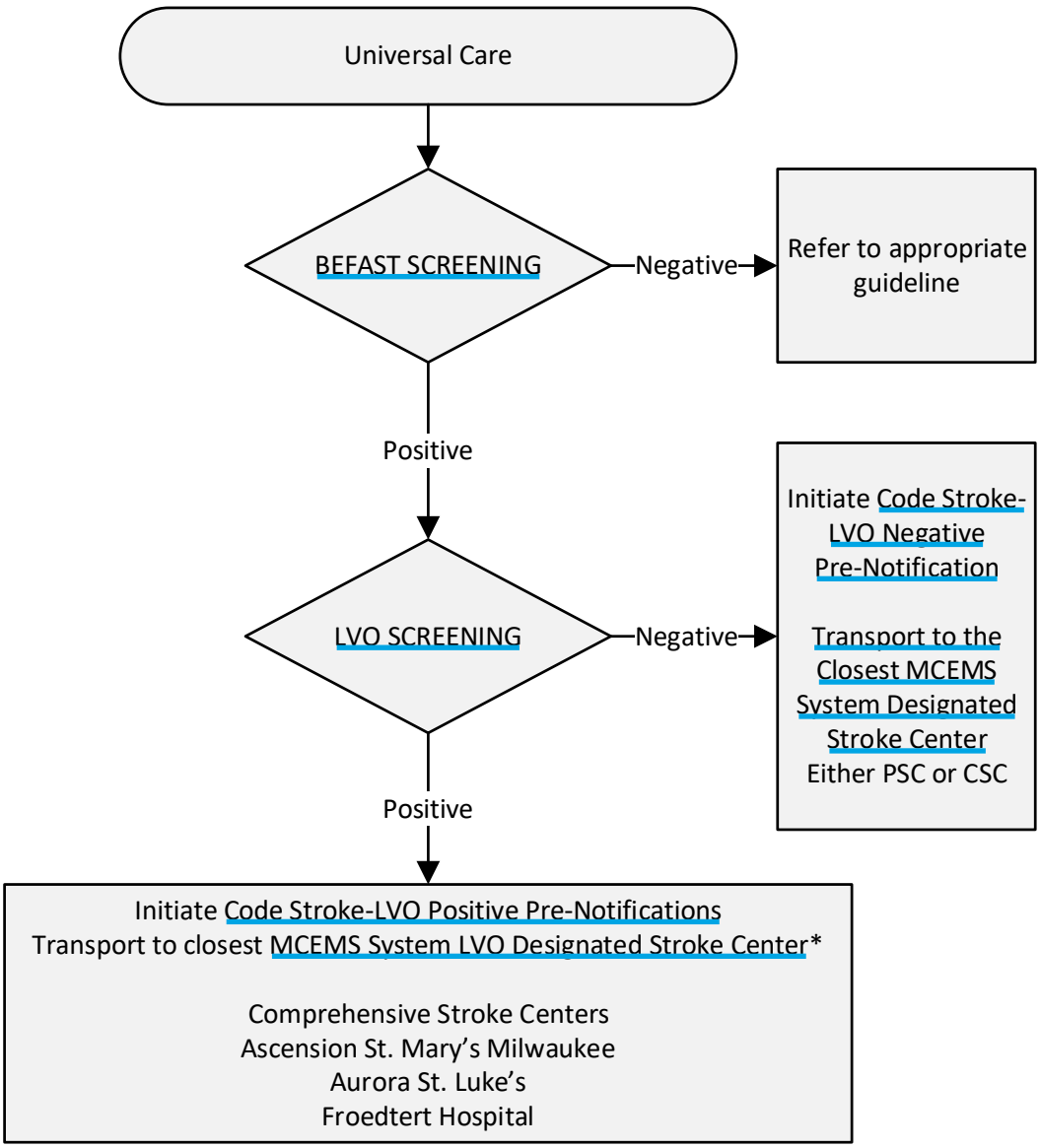
***BEFAST* Screening Inclusion Criteria:**
Balance (sudden loss of balance)
Eyes (sudden loss of vision)
Face (face looks uneven suddenly)
Arm (sudden arm/leg weak or numb)
Speech (suddenly slurred, trouble speaking or understanding, mute, speaking gibberish)
Terrible headache (sudden worst)

***LVO SNoW* Screening Inclusion criteria:**
S Speaking Difficulty Positive if: difficulty saying 'You can't teach an old dog new tricks' (mute, gibberish, trouble speaking or understanding)
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

Consider stroke assessment on all patients with altered mental status, document both positive & negative findings

If patient is unresponsive or altered:
Perform aspects of exam that are possible
Consider report of symptoms prior to change in mental status that might trigger BEFAST positive (i.e. Terrible headache)

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



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

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

Note:

2018 Joint Commission Stroke Designations:

PSC Primary Stroke Center

CSC Comprehensive Stroke Center (LVO)