



**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 weak or numb)
Speech (suddenly slurred, trouble speaking or understanding)
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

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.*

