

Protocol 4.27 – MEDICAL – STROKE/TIA

Cincinnati Prehospital Stroke Scale / FAST exam	
F-(face)	FACIAL DROOP: Have patient smile or show teeth. (Look for asymmetry) Normal: Both sides of the face move equally or not at all. Abnormal: One side of the patient's face droops.
A-(arm)	*MOTOR WEAKNESS: Arm drift (close eyes, extend arms, palms up) Normal: Remain extended equally, drifts equally, or does not move at all. Abnormal: One arm drifts down when compared with the other.
S-(speech)	"You can't teach an old dog new tricks." (repeat phrase) Normal: Phrase is repeated clearly and correctly. Abnormal: Words are slurred (dysarthria) or abnormal (aphasia) or none.
T-Time	Time last seen normal : _____ Time of Symptom onset : _____
* If arm weakness is discovered during the Cincinnati test, perform VAN assessment	

VAN Assessment	
*** Perform if arm weakness is discovered during the Cincinnati test ***	
VISION	
Provider holds up 2 fingers to the right and 1 finger to left while patient stares at provider's nose. <i>(Left and Right Visual Fields)</i>	
Can patient correctly identify number of fingers on both sides?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ask the patient to look to the left and right one or more times. <i>(Double Vision- equal eye movement)</i>	
Do both eyes move at the same speed and same direction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
APHASIA	
Show patient 2 common objects (i.e. pen, clothing) and ask patient to verbally identify objects. <i>(Produce Language)</i>	
Can patient verbally and correctly identify both objects? *Ignore slurred speech	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ask the patient to follow 2 simple commands (i.e. blink and make a fist). <i>(Comprehend Language)</i>	
Can patient follow both commands?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NEGLECT	
Ask patient to follow your finger with only their eyes from far left to far right. <i>(Forced Gaze / Inability to Track to One Side)</i>	
Can patient track your finger?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ask the patient to close their eyes with arms by their side. Begin brushing patient's forearms simultaneously down towards their hands with your fingers and ask, "Which arm am I touching?" <i>(Equal Arm Sensation)</i>	
Can patient feel both arms at same time?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Observe if the patient gazes or turns to only one side or does not react to stimuli on one side (i.e. does not turn to face someone or does not seem to hear from one side). <i>(Ignoring One Side)</i>	
Can patient freely look, move, and react to stimuli on both sides?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "NO" to <u>any one</u> of the above:	
<i>Notify receiving facility of "stroke alert with positive VAN test."</i>	

Key Points: MEDICAL – STROKE/TIA

- Augusta Health uses a two-tier stroke alert system. For patients with stroke symptom onset within the last 6 hours, report “Stroke Alert” to Augusta health as soon as possible. For patients presenting with stroke symptom onset greater than 6 hours but within 24 hours, report “Stroke Dawn Alert.”
- The VAN Stroke Assessment evaluates for large vessel occlusions (LVO) by identifying visual disturbance, aphasia, and/or neglect. LVO strokes should be suspected when any of these symptoms as well as arm drift are present. Current guidelines propose that LVO strokes are best managed at Comprehensive Stroke Centers with 6 hours of symptom onset. Primary Stroke Centers and “stroke-ready” hospitals still render critical treatment and diagnostic tests and are the appropriate destination if the transport time is within 30 minutes. Recognizing and reporting a positive VAN Assessment and an accurate time of symptom onset to the receiving facility can expedite the patient receiving optimal definitive care and is the most important part of prehospital stroke management.
- The Attendant-In-Charge should provide their contact information to the receiving facility for any follow-up needed following transfer of care.
- Record time of onset of symptoms **on the patient**. Consider recording information on tape and affixing to patient’s forearm.
- If patient woke up with stroke symptoms, report a “wake-up stroke,” to the receiving facility ASAP and obtain accurate times that the patient went to sleep and woke up.

¹ Local variance: In some circumstances, transporting to a “stroke-ready” hospital may be appropriate. Hospital should conduct telemedicine and administer Altaplastase/tPa.