

**PATIENT**

Name

Info/Hx from Pt. Family OtherLast *Time* Pt. was baseline or awake

Phone number and date

**Cincinnati Prehospital Stroke Scale
(CPSS)****COMPLETE CINCINNATI STROKE SCALE***(do exam x 2)***Facial droop:**

normal – both sides of face move equally

abnormal – one side of face does not move

Arm drift:

normal – both arms move equally, or not at all

abnormal – one arm drifts compared to the other

Speech:

normal – Pt. uses correct words with no slurring

abnormal – slurred or inappropriate words or mufe

**E
X
A
M**

If exam items are all **Yes** (or unknown) ->
 the CPSS screening criteria is met ->
 call receiving hospital for "code stroke" or **Brain Attack**



The University of Utah
 AirMed

11/7 James Howe R.W. & Eric Swanson, M.D.



AirMed Brain Attack Protocol

HISTORY

Obtain Hx from Pt. & witnesses
 Copies of medical record & films
 Record & confirm **TIME** of onset of S/S
 Complete CPSS

MANAGEMENT

Management Checklist	BLOOD PRESSURE PARAMETERS	
	Ischemic Stroke Vitals q 15 min. W/O Tpa	Hemorrhagic Stroke
O2/secure airway (assess neuro status prior to intubation)	Vitals q 15 min. Rx SBP>220 DBP>120	Treat intercerebral bleed (ICH) if SBP>160
Vital signs/GCS	1. NTG paste 1" 2. Labetalol 10-20mg IV q 10	Subarachnoid bleed (SAH) if SBP>140
IV access x 2 18g. AC preferable for contrast	3. Hydralazine 20mg IV q 15	
NS TKO	Avoid nifedipine if possible	
Glucose check	With Tpa	
Pt. weight	Vitals q 5 min. Rx SBP>185 DPPB>110	
Insert Foley prior to Tpa	Labetalol 10-20mg IV q 10	
Screening Criteria > 18 Y.O.		
Blood glucose 60-400		
No Hx of seizure/epilepsy		
TPA DOSING .9mg/kg 10% over 1 min.	rest over 1 hour (max 90 mg)	
PRECAUTIONS Avoid episodes of hypotension No glucose unless hypoglycemic Avoid hypoxia		
TRANSPORT Avoid vecuronium for ongoing paralysis if possible Sedate W/midazolam (short acting) Contact control M.D.		

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