

Protocol Name	Stroke
Created date:	September 1 <sup>st</sup> , 2020
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Last revised:	09/01/20,

Purpose:

To assess, treat and/or triage swiftly individuals presenting with stroke symptoms. Goal is to assess and act quickly. Stroke is defined as supply of blood to the brain is reduced or blocked completely.

Sign and Symptoms:

- Paralysis or numbness or inability to move parts of the face, arm, or leg – particularly on one side of the body
- Confusion – including trouble with speaking
- Headache with vomiting
- Trouble seeing in one or both eyes
- Metallic taste in mouth
- Difficulty swallowing
- Trouble in walking (impaired coordination)
- Dystonia – muscles contracting involuntarily
- Alexia – inability to interpret or comprehend written language
- Agnosia – inability to identify objects using one or more senses


Assessment:

- Obtain patient’s history, including allergies, medication list and recent activity
- Vital Signs – heart rate, respirations, blood pressure, temperature, pain level and O2 sat level
- Assess verbal communication, ability to follow command, and strength to extremities by following CDC’s ACT F.A.S.T. assessment stages listed below
- Acting F.A.S.T is key for stroke patients:
  - Face – ask patient to smile. Does one side of the face droop?
  - Arms – ask patient to raise both arms. Does one arm drift downward?
  - Speech – ask patient to repeat a simple phrase. Is the speech slurred or strange?
  - Time – if you see any of these signs, call 911 immediately

Standing Orders/Intervention:

- If stroke is suspected activate 911 Emergency services immediately
- Keep patient comfortable until EMS arrives

- Stroke protocol** is part of Affiliated Physician's **ON-SITE CLINIC PROGRAM**. I, hereby acknowledge, the above has been reviewed and approved. Upon clinical assessment and necessity, these orders are to be activated by an Affiliated Physician's on-site nurse and documentation of each episode is mandatory.

Medical Director – Dr. Avram Nemetz	
Signature:	
Date:	9/1/2020