Stroke Assessment for EMS

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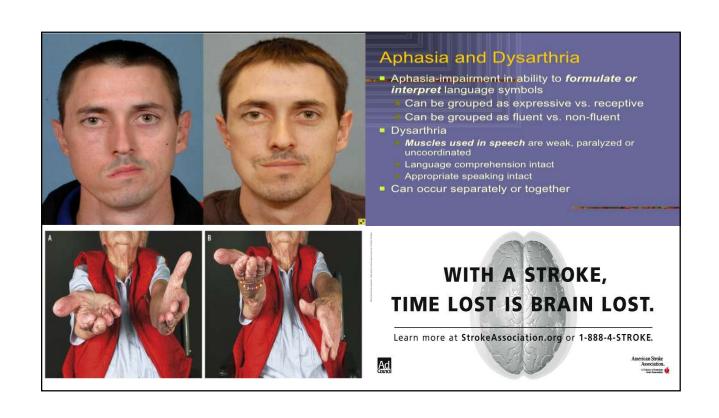
Objectives

- FAST exam
- Stroke checklist
- Assess for LVO (large vessel occlusion)

FAST Exam

- F = Facial weakness or asymmetry
- A = Arm weakness
- S = Speech disturbance
- T = Time of onset (TIME IS BRAIN)





FAST positive = STROKE!!

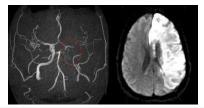
- Positive predictive value = ~80%
 - · Some risk of missing posterior circulation strokes
 - High likelihood of capturing LVO (large vessel occlusion)
- Diagnosis is made pre-hospital
- Now what??

Stroke Checklist

- [] Stroke symptoms identified and recorded
- [] Onset time or last known well time obtained and recorded
- [] Antithrombotic medications listed_____
- [] BP done and recorded
- [] Accucheck done and recorded _____
- [] IV Gauge (18 gauge IV x2 in antecubital recommended)
- [] stated or actual weight obtained and recorded
- [] Call in STROKE alert if symptoms are less than 6 hours or unknown at the time of evaluation

Identifying Large Vessel Occlusion

- ICA or MCA occlusion
 - Symptoms depend on which hemisphere
 - Left = aphasia
 - Right = neglect
 - MCA syndrome
 - contralateral weakness/numbness
 - aphasia/neglect
 - · gaze palsy



- Basilar occlusion
 - More complicated
 - 6 D's
 - Dizziness
 - Drowsiness
 - Dysarthria
 - Diplopia
 - Dysphagia
 - Dead



Simplifying LVO detection

- The rationale
 - Large cerebral vessels supply more than one brain territory
 - Different brain territories control different functions
 - LVO causes loss of multiple brain functions
- In reverse
 - Look for loss of different brain functions
 - If different functions are lost/abnormal, then different brain territories are injured
 - Combination of symptoms = large vessel occlusion

Menu of Stroke Symptoms

- Any one of the following symptoms
 - **D's** = Drowsy, Dizzy, Double vision, Dysarthria
 - Aphasia = difficulty finding the right words, word salad, or mute (not just slurred speech alone)
 - Gaze palsy = eyes deviated to one side, or eyes unable to cross midline
 - Neglect = not able to pay attention to one side

- PLUS, any one of the following symptoms
 - Weakness of the face, arm, or leg
 - Loss of sensation of the face, arm, or leg
 - Loss of vision in one or both eyes



The D's



- Is patient alert?
- Require stimulation to stay awake?
- Double vision
 - · Patient reported
 - · Googly eyes



- Spinning sensation
- Nystagmus (beating eyes)
- Dysarthria
 - Slurred/drunk speech
 - Language content can be normal



Aphasia

- Inability to produce or understand language (spoken, written, signed)
- Ask patient to follow commands
 - Close your eyes
 - Stick out your tongue
- Have patient name common objects (watch, ring, pen, etc)
- Have patient repeat a short sentence
 - "The dog wants to go outside."

Gaze deviation/palsy



Neglect

- Inattention to one side
- Visual neglect
 - Have patient stare at your nose
 - Hold up both hands to check their peripheral vision
 - Ask how many hands they see
- Tactile neglect
 - Touch each arm and then both arms simultaneously
 - · Each time, ask patient which side you are touching

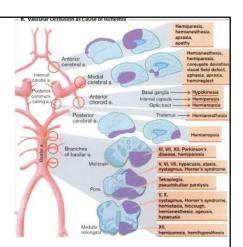




Neglect and Anosognosia

Other focal deficits

- Weakness
 - Drift of arm or leg
 - · Droop of face
- Numbness (loss of sensation, not just tingling)
- Vision loss
 - One eye = partial or total vision loss
 - Both eyes = not able to see to one side (from either eye)
 - Tested the same as visual neglect



TIME IS BRAIN... (and life)



- Earlier detection & treatment of stroke leads to better outcomes
- Large vessel occlusion (LVO) is associated with mortality of >80%
- Timely treatment of LVO can improve chance of recovery to independence in up to 80%
- Number needed to treat = 2
 - for measurable improvement in functional outcome

Questions?

