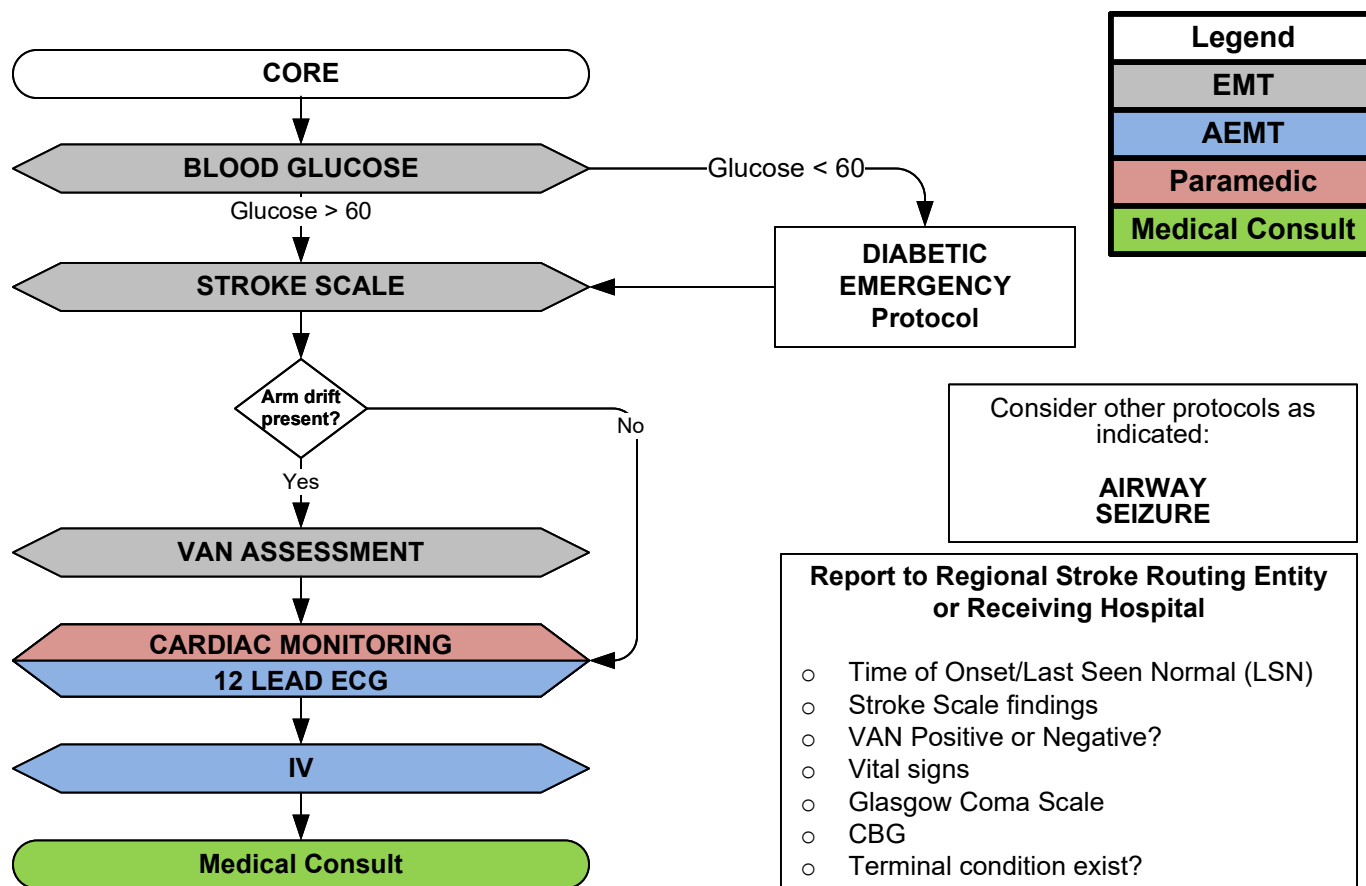


STROKE

History: ○ Previous CVA, TIA's ○ Previous cardiac / vascular surgery ○ Associated diseases: diabetes, hypertension, CAD ○ Atrial fibrillation ○ Medications (blood thinners) ○ History of trauma ○ SAMPLE	Signs and Symptoms: ○ Altered mental status ○ Weakness / Paralysis ○ Blindness or other sensory loss ○ Aphasia / Dysarthria ○ Syncope ○ Vertigo / Dizziness ○ Vomiting ○ Headache ○ Seizures ○ Respiratory pattern change ○ Hypertension / hypotension	Differential: ○ TIA (Transient ischemic attack) ○ Seizure ○ Diabetes (Hypoglycemia or Hyperglycemia) ○ Stroke—Thrombotic, Embolic, Hemorrhagic ○ Tumor ○ Trauma ○ Electrolyte Abnormality ○ Hypoxia ○ Toxicologic ○ Psychiatric Disorder
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Pearls:

- Identify the time last seen normal (LSN)
- The last seen normal < 6 hours should include patients without a definite time of LSN but who could reasonably be assumed to be within 6 hours of onset including patients who wake up with stroke symptoms.
- VAN Assessment-VAN is negative if the patient has no arm weakness upon assessment.
- VAN Assessment-VAN is positive presents with any degree of weakness plus any visual disturbance, aphasia or neglect.
- Patients with LSN < 6 hours and positive VAN, transport to level I stroke center or endovascular level II stroke center if transport time does not exceed 45 minutes. Otherwise, transport to nearest level II or III.
- Patients with LSN > 6 hours or VAN negative, transport to nearest level I, II or III stroke center. Early notification of the receiving facility is important in order to activate the stroke team. Call Stroke Alert.
- Position patient supine for transport. If aspiration risk or decreased LOC, elevate head of stretcher 30°.
- Elevated blood pressure is commonly present with stroke. Do not treat unless specifically directed by a physician.
- Be alert for airway problems (swallowing difficulty, vomiting).
- Hypoglycemia can present as a localized neurologic deficit, especially in the elderly.