Strokes

REFRESHER

RECOGNIZE IT

- Sudden focal deficit: facial droop, arm or leg weakness, speech disturbance, vision loss
- Sudden severe headache, imbalance, or neglect can be the whole presentation
- Stroke is a time-critical diagnosis in the Mercy guidelines — minutes are brain (p.45)

ASSESS

- Run the prehospital stroke screen and the RACE assessment (guideline p.45)
- Obtain an accurate Last Seen Normal time — and a contact number for the witness
- Check blood glucose: hypoglycemia (60 mg/dL or less) is the great stroke mimic and is treated first
- Full vitals, cardiac monitor, and mental status; note anticoagulant use in the history

ACT — FIRST MOVES

1. Protect the airway and support oxygenation and ventilation as indicated
2. Treat hypoglycemia if the glucose is low, then reassess the deficit
3. Establish IV access without delaying transport
4. Notify the destination early or contact Medical Control — stroke suspicion changes what the hospital prepares
5. Transport rapidly; document Last Seen Normal and the RACE findings for the receiving team

PEARLS

- Last Seen Normal is not 'when we found them' — pin down the last time the patient was witnessed normal
- A witness phone number is a clinical intervention: the stroke team will call it
- Posterior strokes hide as dizziness and vomiting — screen them, don't dismiss them

Take Home Message:

Screen with RACE, get the Last Seen Normal and a witness number, rule out low glucose, and move — stroke care starts with the clock.