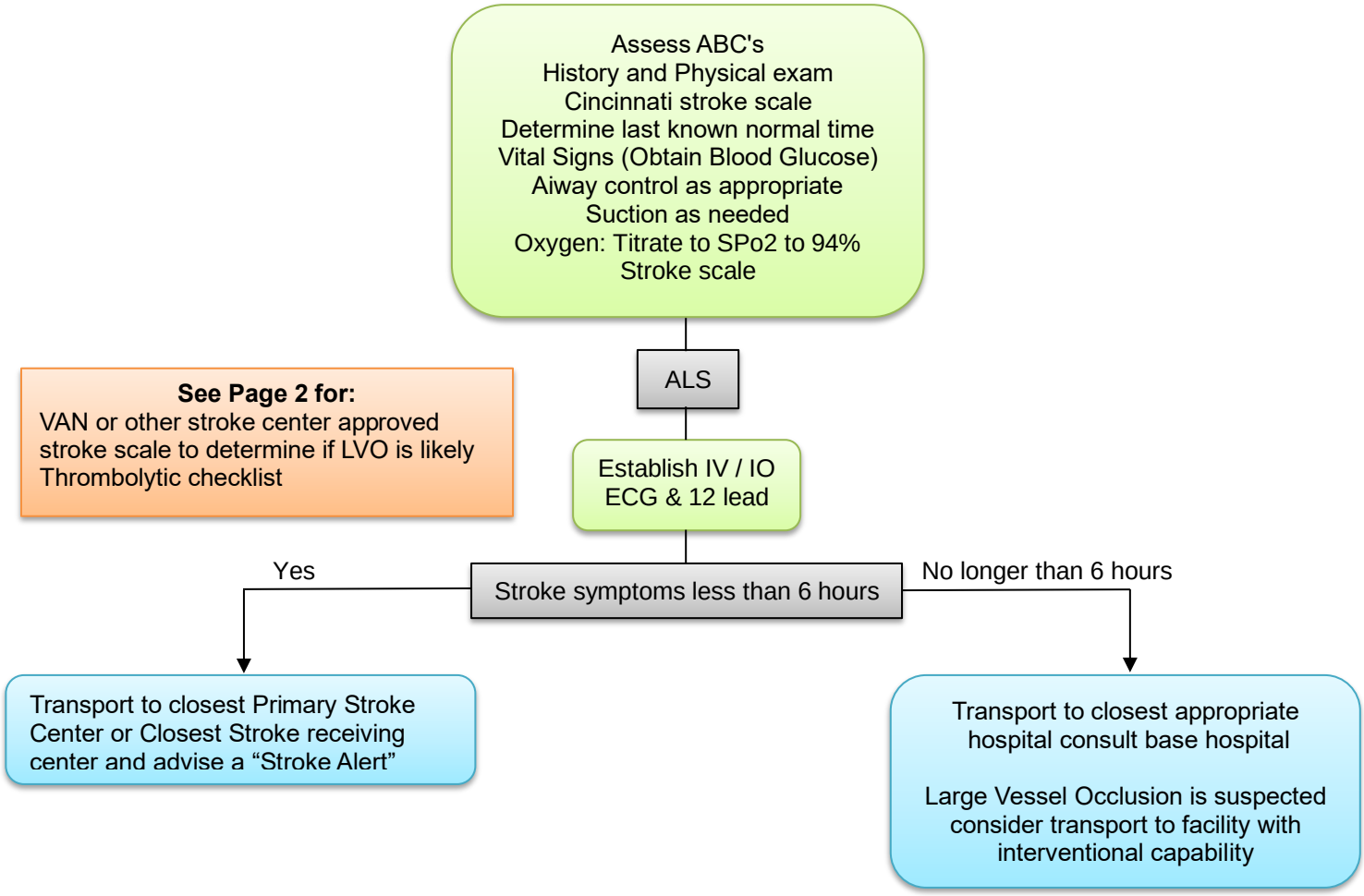
## Authority

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.





**See Page 2 for:**
VAN or other stroke center approved stroke scale to determine if LVO is likely
Thrombolytic checklist


**Attention**

**Consider this in your transport decision:** Stroke receiving centers that utilize interventional radiology for Thrombectomy are able to treat Large Vessel Occlusions (LVO) 24-48 hours after onset of symptoms.

**As of 9/2020 Thrombectomy capable stroke centers:**

| | |
|---|---|
| Mercy Medical Center | Redding |
| Renown Medical | Center Reno |
| Mercy San Juan | Sacramento |

## VAN Stroke Assessment

**Perform only if arm drift or weakness is present**

### V — Visual Disturbance

- Any partial vision, blindness, or double-vision?
- Can't count your fingers held up at visual quadrants?

If "yes" to any of these, VAN is positive. Otherwise, go to Aphasia.

### A — Aphasia

- Can't speak or unable to form words? *(Don't include slurred speech)*
- Can't follow two simple commands *(smile, wave, grip, point)*.
- Unable to recognize two simple objects *(pen, hat, shirt, dog)*

If "yes" to any of these, VAN is positive. Otherwise, go to Neglect.

### N — Neglect

- Eyes closed: Unable to detect sensation to an arm?
- Eyes open: Is there a "forced" gaze? Or, eyes don't track your pen?

**If "yes" to any of these, VAN is positive. Otherwise, the VAN scale is negative.**

## Stroke Protocol Reminders

- ☑ Time of signs/symptoms onset *(clock time)*. Window is 6 hours.
  - ☑ Phone number of family member, if easily obtained.
- ☑ Cincinnati Stoke Scale:
  - ☑ If there's arm drift or weakness, perform the VAN scale.
- ☑ Notify the emergency department if Cincinnati scale is positive. Is VAN positive?
- ☑ Scene time: Less than 10 minutes *(document delays; perform interventions enroute)*.

**Enroute:**

- Position head of stretcher to about 30 degrees.
- Vital signs with blood glucose measurement.
- Oxygen *(nasal cannula as a minimum)*.
- Cardiac monitor with 12-lead ECG.
- IV with blood draw:
  - Large bore *(18 gauge, if possible)* to accommodate IV contrast
- Repeat stroke scale assessments if time allows. Advise ED of any changes.

**Cincinnati Prehospital Stroke Scale (CPSS)**

| Sign/Symptom | How tested | Normal | Abnormal |
|---|---|---|---|
| **Facial Droop** | Have the patient show their teeth or smile | Both sides of the face move equally | One side of the face does not move as well as the other |
| **Arm Drift** | The patient closes their eyes and extends both arms straight out for 10 seconds | Both arms move the same, or both do not move at all. | One arm either does not move, or one arm drifts downward compared to the other. |
| **Speech** | The patient repeats "The sky is blue in Cincinnati". | The patient says correct words with no slurring of words. | The patient slurs words, says the wrong words, or is unable to speak |

Thrombolytic checklist

Contact PDH regarding destination — PCI/Stroke center or PDH for Lytic treatment

Any **YES** is potentially excluded from thrombolytics and possible candidate for direct transport to Thrombectomy / Stroke center

| | | NO | YES |
|---|---|---|---|
| Vitals | Sysolic grater than 180 | | |
| | Diastolic greater than 110 | | |
| | Heart Rate greater than 100 with BP less than 100 systolic | | |
| History | Stroke in last 3 months | | |
| | Significant closed head or face trauma in last 3 months | | |
| | Any blood clotting issues | | |
| | History of any intracranial hemorrhage | | |
| | ANY Surgery in last 4 weeks (including eye) | | |
| | Recent Major Trauma or GI Bleed | | |
| Medications | ANY Blood thinners | | |
| Current signs/Symptoms | Pulmonary Edema | | |
| | Signs of Shock | | |
| | Required CPR | | |