Crenshaw Community Hospital Policies and Procedures	Policy Number #AHW400.0061	Effective Date 04/11/2014
	Revision Date 9/24/2024	Review Date
Manual: Administrative House-Wide Title: Stroke Alert Page and Response	_____ Chief Of Staff Administrator	

POLICY:

To improve response time to medical interventions by decreasing time to diagnostic results for potential stroke victims, thereby improving patient outcomes.

PROCEDURE:

Staff members will page the following from any CCH phone: "**Stroke Alert to (location), Stroke Alert to (location)**" for the following scenarios:

- As a member of the Southeast Regional Pilot Acute Stroke System (SRPASS), when an EMS unit is transporting a potential stroke victim to our facility, we should be **alerted** via the SRPASS computer terminal located in the Emergency Department. The patient will be in the SRPASS system with an Incident Number, if EMS has already placed them in the SRPASS System.
    - "Stroke Alert to the ER" will be paged immediately by Emergency Department staff upon notification by the SRPASS system.
        - The Emergency Department physician will be notified immediately after the Stroke Alert page by the staff member calling the page.
        - The Emergency Department staff member who paged the Stroke Alert will confirm Registration staff is aware of the Stroke Alert. Registration staff will register the patient as soon as possible, and will be responsible for gathering the information needed to do this.
        - Radiology staff will immediately prepare CT for use, then proceed to the ER to transport the patient to CT. The Emergency Department Tech will assist Radiology staff as needed in the transfer of the patient.
        - Emergency Department staff will prepare to receive patient. Upon the patient's arrival, a brief assessment will be performed to determine that patient is indeed a possible stroke victim AND that patient is stable to be transported directly to Radiology via EMS

stretcher. EMS will give a brief report/history of incident to the RN and ED Physician. This report will include the time of the onset of the current stroke signs and symptoms to help determine if the patient is within the 4.5-hour window to be a candidate for thrombolytic administration. During this report and assessment of the patient, ED Staff will obtain a Capillary Blood Glucose level to rule out hypoglycemia, if not already done by EMS personnel. In order to prevent delays, the night shift Tech will run Glucometer control checks between 0600 and 0700 daily, not before. The day shift Tech will confirm this has been done at the beginning of each shift. Once hypoglycemia has been ruled out, and stroke possibility has been confirmed, patient will be immediately transferred to Radiology for CT Head. This brief assessment and report should be completed immediately upon the patient's arrival. This may also be the appropriate time to initiate a Tele-Neuro consult (see Tele-Neuro policy).

- Once the patient has been transferred to the CT, EMS personnel can be released, once confirmed that they have given full report to the ED staff prior to departure.
- The patient will be transported back to the Emergency Department via facility stretcher for further evaluation and diagnostics, including a neuro exam and NIHSS score, and to await results of diagnostics.
- The goal is that the patient should have completed the CT within 15 minutes of arrival. The target time for obtaining the results of the CT is 15 minutes, therefore the goal is to have a CT report (verbal or written) from the radiologist within 30 minutes of arrival to the Emergency Department.

- If a patient presents via private vehicle to Registration with stroke symptoms:
  - Registration staff will notify Emergency Department personnel immediately, then proceed with registering the patient with the assistance of any historian accompanying the patient.

- When it has been determined that the patient may indeed be having a stroke, Emergency Department personnel will page the "Stroke Alert."
- Emergency Department staff will immediately bring the patient to an appropriate examination room, and the Emergency Department physician will be notified, and an assessment for potential stroke can be made.
- The Emergency Department staff will obtain a Capillary Blood Glucose level to rule out hypoglycemia.
- If hypoglycemia is ruled out and the patient exhibits symptoms of a stroke, then the patient will be transported immediately to Radiology for CT head. This may also be the appropriate time to initiate a Tele-Neuro consult (see Tele-Neuro policy).

- If a patient in the facility has stroke symptoms, staff for that particular unit will page a "Stroke Alert."
  - The Emergency Department physician and nurse will proceed to the location of the Stroke Alert, along with the nurse in charge of the patient, and determine the need for further diagnostics.

Patient Label Here

Crenshaw Community Hospital
101 Hospital Circle
Luverne, AL 36049

ADVANCED STROKE RECEPTION FORM

Date _____ Time _____ Age _____ Male _____ Female _____

Patient's Name _____ ATCC# _____

Time of Last Normal _____ Historian Name/Phone # _____

"FAST" ASSESSMENT

- ☐ **F (FACE)** Facial Droop – Have patient smile or show teeth. Look for asymmetry.
  - Normal: Both sides of the face move equally or not at all
  - Abnormal: One side of the patient's face droops
- ☐ **A (ARM)** Motor Weakness – Arm Drift (close eyes, extend arms, palms up)
  - Normal: Arms remain extended equally, drift equally, or do not move at all.
  - Abnormal: One arm drifts down when compared to the other
- ☐ **S (SPEECH)** Speaking – "You can't teach an old dog new tricks." (Repeat phrase.)
  - Normal: Phrase is repeated clearly and correctly
  - Abnormal: Words are slurred (dysarthria), abnormal (aphasia), or none.
- ☐ **T (TIME)** TIME LAST SEEN NORMAL - _____

If any box is checked above, this is a possible stroke alert. Continue to Part 2.

GCS – GLASGOW COMA SCORE – circle observed response

BEST EYE RESPONSE	BEST MOTOR RESPONSE	BEST VERBAL RESPONSE
1 – NO EYE OPENING	**1** – NO MOTOR RESPONSE	**1** – NO VERBAL RESPONSE
2 – EYE OPENING TO PAIN	**2** – EXTENSION TO PAIN	**2** – INCOMPREHENSIBLE SOUNDS
3 – EYE OPENING TO VERBAL COMMAND	**3** – FLEXION TO PAIN	**3** – INAPPROPRIATE WORDS
4 – EYES OPEN SPONTANEOUSLY	**4** – WITHDRAWAL FROM PAIN	**4** – CONFUSED
	5 – LOCALISING PAIN	**5** - ORIENTED
	6 – OBEYS COMMANDS.	

LOC-GCS Score_____

Vitals as Reported by EMS: B/P: _____ HR: _____ RESP: _____ TEMP: _____

Pulse Ox (SaO2) _____ If SaO2 < 92%, Apply O2 by NC and titrate to maintain SaO2 > or equal to 92%

Serum Glucose (finger stick) _____ If Serum Glucose ≤ 80 mg/dl, treat per Stroke Protocol Orders

---

Is patient stable for transport to CT? YES or NO - **IF YES, PROCEED IMMEDIATELY TO CT**

Nurse Signature and Date/Time: _____

Crenshaw Community Hospital

Education Department

Recognizing Stroke

Anyone and everyone should be able to recognize the symptoms of stroke, whether you are working in a clinical or non-clinical position at Crenshaw Community Hospital, are out in the community, or inside your own home with your family. Recognizing symptoms of a stroke may be the difference between life and death. Acting quickly is extremely important! Please review the warning signs of stroke in this document provided by the American Heart Association.

Calling a Stoke Alert at Crenshaw Community Hospital can be done from any phone in the facility over the Intercom Paging System. Say "Stroke Alert to (location), Stroke Alert to (location), Stroke Alert to (location). The appropriate Clinical Staff will immediately come to that location and assess for Stroke.

If you are outside the facility and recognize what may be a stroke, simply call 911.

Spot a Stroke – Save a Life!

101 Hospital Circle
Luverne, AL 36049
Emergency Department
334-335-1236 334-335-1159 fax

SPOT A STROKE.

SAVE A LIFE.

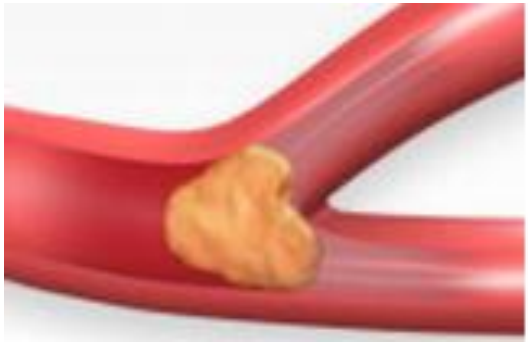
American Heart Association | American Stroke Association®

Together to End Stroke™

Nationally sponsored by Medtronic

WHAT IS A STROKE?

- **Stroke is a disease that affects the arteries** leading to and within the brain.
- A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts (or ruptures).
- When that happens, **part of the brain cannot get the blood** (and oxygen) it needs, so it and brain cells die.



ABOUT STROKES

- Strokes can be **ischemic** (a blockage, 87%) or **hemorrhagic** (a bleed, 13%).
- Sometimes a TIA or transient ischemic attack occurs, also known as a "warning stroke" or "mini-stroke" that produces stroke-like symptoms. If this occurs, call 9-1-1.

A TIA is a medical emergency!

WHY ACTING RIGHT AWAY IS CRITICAL

- The sooner a stroke victim gets to the hospital, the sooner **they'll get lifesaving treatment**.
  - Stroke survivors have the best outcomes when they receive treatment in 4.5 hours or less.
  - A clot-busting drug called tissue plasminogen activator (tPA) **may improve the chances of getting better** but only if they get help right away.

WHY EMS TRANSPORT IS CRITICAL

- EMS professionals are trained to respond to medical emergencies such as a **stroke**.
- Studies show that **calling 9-1-1** and **getting EMS care may improve outcomes** from a stroke.
  - Provide safe, quick transport which often means quicker treatment.
  - EMTs can prep the hospital to be ready for a stroke victim.

Help us, help you.
Be ready for a stroke,
it can save a life.

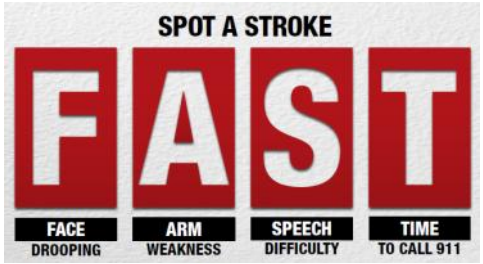
Possibly yours.

SPOT A STROKE F.A.S.T.

- **F.A.S.T.** is an easy way to remember the sudden signs of a stroke.
- When you can spot the signs, you'll know quickly that you need to call 9-1-1 for help.

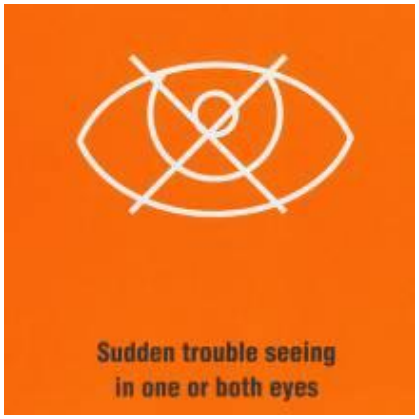
F.A.S.T. IS

- **F**ace Drooping Does one side of the face droop or is it numb? Ask the person to smile.
- **A**rm Weakness Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?
- **S**peech Difficulty Is speech slurred, are they unable to speak or are they hard to understand? Ask the person to repeat a simple sentence, like "the sky is blue." Is the sentence repeated correctly?
- **T**ime to call 9-1-1 If the person shows any of these symptoms, even if the symptoms go away, call 9-1-1 and get them to the hospital immediately.



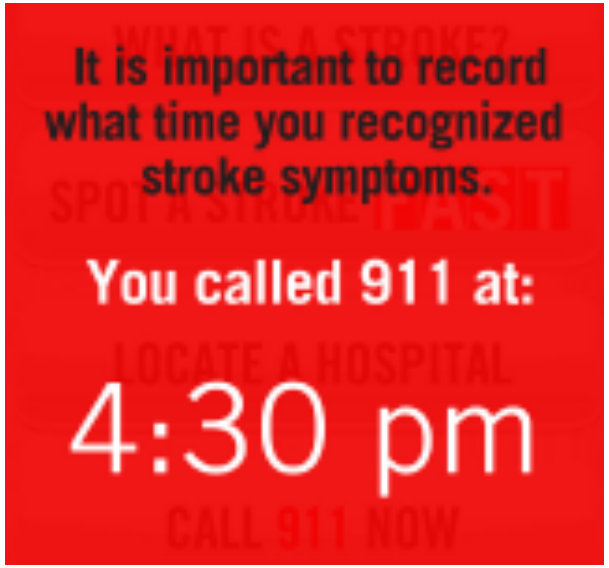
OTHER SYMPTOMS TO LOOK FOR

- Sudden numbness or weakness of the leg
- Sudden confusion or trouble understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness or loss of balance or coordination
- Sudden severe headache with no known cause



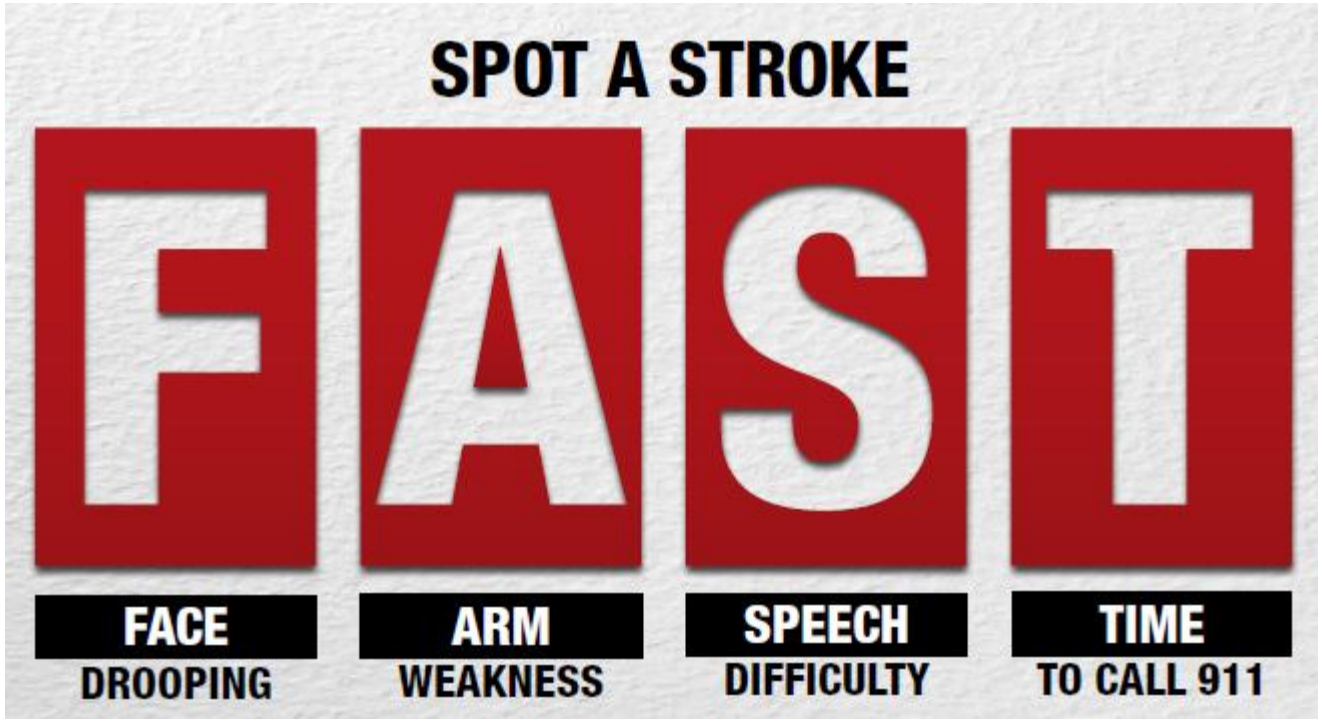
WHAT TO DO IF YOU THINK YOU OR SOMEONE ELSE IS HAVING A STROKE

- **Immediately call 9-1-1** or the Emergency Medical Services (EMS) number.
- **Check the time** so you'll know when the first symptoms appeared.



LEARN MORE

- StrokeAssociation.org/WarningSigns
- StrokeAssociation.org/Resources



StrokeAssociation.org/WarningSigns