

# Paramedic Prompt Card for Acute Stroke Bypass Protocol

This prompt card provides a quick reference of the *Acute Stroke Protocol* contained in the *Basic Life Support Patient Care Standards (BLS PCS)*.

## Indications under the Acute Stroke Protocol

Redirect or transport to the closest or most appropriate Designated Stroke Centre (DSC)\* will be considered for patients who meet **BOTH** of the following:

1. Present with a new onset of at least one of the following symptoms suggestive of the onset of an acute stroke:
  - a. Unilateral arm/leg weakness or drift.
  - b. Slurred speech or inappropriate words or mute.
  - c. Unilateral facial droop.
2. Can be transported to arrive at a Designated Stroke Centre within 6 hours of a clearly determined time of symptom onset or the time the patient was last seen in a usual state of health.

**Inform the CACC/ACS to aid in the determination of the most appropriate destination.**

\*A Regional Stroke Centre, District Stroke Centre or Telestroke Centre regardless of EVT capability.

## Large Vessel Occlusion (LVO) Assessment

Perform a secondary screen for LVO stroke using the Los Angeles Motor Scale (LAMS) for all probable stroke patients presenting within 24 hours of stroke symptom onset.

- a. if LAMS is greater than or equal to 4 ( $\geq 4$ ), classify the patient as CTAS 2
- b. inform the receiving hospital whether "LVO Clinical Screen is positive or negative" \*\*

\*\* In select regions, LVO Clinical Screen + patients, presenting within 6 hours of stroke symptom onset, may be redirected to the closest EVT centre.

## Contraindications under the Acute Stroke Protocol

**ANY** of the following exclude a patient from being transported under the Acute Stroke Protocol:

1. CTAS Level 1 and/or uncorrected airway, breathing or circulatory problem.
2. Symptoms of the stroke resolved prior to paramedic arrival or assessment\*\*\*.
3. Blood sugar  $< 3$  mmol/L\*\*\*\*.
4. Seizure at onset of symptoms or observed by paramedics.
5. Glasgow Coma Scale  $< 10$ .
6. Terminally ill or palliative care patient.
7. Duration of out of hospital transport will exceed two hours.

\*\*\*Patients whose symptoms improve significantly or resolve during transport will continue to be transported to a Designated Stroke Centre.

\*\*\*\*If symptoms persist after correction of blood glucose level, the patient is not contraindicated.

**CACC/ACS will authorize the transport once notified of the patient's need for redirect or transport under the Acute Stroke Protocol.**