CBRAC STROKE ALGORITHM

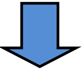
These are guidelines; they do not supersede the Medical Director's order set.

Critical EMS Assessment and Actions

Support ABCs
OXYGEN 2-3 L NC 15L NRB keep spo2>94%
Perform Prehospital Stroke and VAN Assessment
Early Notification to Stroke Center

Establish SYMPTOM ONSET
LKW-Last Known Well

In Transit:
Continuous Cardiac Monitoring
Blood Glucose Level
IV Access x2 (Should not delay transport)



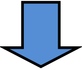
RAPID TRANSPORT TO THE APPROPRIATE FACILITY

ACTIVATE/Transport closest Accredited Stroke Center if <30 minutes by ground or air transport, CALL STROKE ALERT

ACTIVATE/Transport closest facility capable of treating stroke with t-PA if >30 minutes

Facility	Comprehensive (L1)	Thrombectomy Capable	Primary Stroke Center (L2)	Acute Stroke Ready Hospital(L3)
Spohn Shoreline	X			
CCMC – Bay Area			X	
CCMC – Doctors			X	
Spohn South				
CCMC- North West				X

HALO Flight (Corpus Christi) 1.800.776.4256
PHI (Victoria) 1.877.435.9744
RGV Angel Flight (Pharr) 1.877.234.1555
Air LIFE (San Antonio) 1.210.233.5800
Air Evac (Laredo) 1.800.247.3822



Cincinnati Pre-Hospital Stroke Scale

Facial Droop/Smile	**Normal/Abnormal**
Arm Drift	**Normal/Abnormal**
Speech	**Normal/Abnormal**

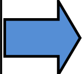
Say "You can't teach an old dog new tricks"

VAN Assessment

If patient has any weakness PLUS any one of the below:

- Visual Disturbance (field cut, double, or blind vision)
- Aphasia (inability to speak or understand)
- Neglect (gaze to one side or ignoring one side)

This is likely a large artery clot (cortical symptoms) = VAN Positive



VAN + with LVO Stroke Suspected?

NO

Transport to nearest PSC unless more than 30 minutes additional transport time past nearest ASRH

YES

Transport to CSC if within 60 min ground or flight time*

*See stroke system plan for additional guidance

TX for Hypertension
for SYS >200 or SBP >185
DIAS >110
LABETALOL 10 mg
IV over 1–2 min
may repeat q 10 min
to max 300mg

If dose completed en route, attach 50ml Normal Saline and continue at same rate as IV t-PA