



Metric	Goal
Early Identification	Within 5 minutes of patient contact <i>All patients dispatched as a stroke should be screened.</i>
Cincinnati Stroke Scale	Obtained during initial assessment and documented
Perform stroke severity screen for LVO	Perform and document FAST-ED screen Strongly consider transport to thrombectomy-capable center if ≥ 4
Time Last Known Well	Obtained and documented
On Scene Time	10 minutes or less
Prehospital Notification	Within 5 minutes of identification
Blood Glucose	Obtained and documented
Anticoagulant Use	Determined and documented
Surrogate Contact Information	Obtained and relayed to ED staff

Theory/Evidence

- **Early Identification:** Early identification of patients with suspected stroke is critical to facilitate focused evaluation and minimizing on scene time. A dispatch of stroke is highly predictive of the patient having a stroke and these patients must be thoroughly assessed for potential stroke.
- **Cincinnati Stroke Scale:** The Cincinnati Stroke Scale is expected to be performed and documented when assessing for evidence of a stroke. A positive scale is constituted by one or more positive finding(s): pronator drift, facial droop, or slurred speech.
- **Screen for LVO:** The FAST-ED stroke-severity tool should be performed for identification of large vessel occlusion (LVO) if the patient appears to be having a stroke. A FAST-ED score of ≥ 4 should be transported to a thrombectomy-capable center unless doing so will significantly delay time to a closer primary stroke center.
- **Time Last Known Well:** The most critical piece of information that determines a stroke patient's eligibility for treatment is the time last known well, a.k.a. the time when the patient was last noted to be at their neurologic baseline. This time must be clearly communicated upon transfer of care and documented in the medical record.
- **On Scene Time:** Patients with a stroke should be expediently moved to a stroke center with a goal on scene time of less than 10 minutes.
- **Prehospital Notification:** Prehospital notification is expected on all patients with a last known well time of < 24 hours and mobilizes essential hospital resources prior to the arrival of the patient.
- **Blood Glucose:** A blood glucose is expected on all potential stroke patients to exclude symptomatic hypoglycemia as an etiology of the patient's presentation. Determination of blood glucose should not significantly delay scene time.
- **Anticoagulant Use:** A patient on anticoagulants (Coumadin [Warfarin]; Apixaban [Eliquis], Dabigatran [Pradaxa] and Rivaroxaban [Xarelto]) can change Emergency Department treatment options and determining this in advance can help guide care.
- **Surrogate Contact Information:** A piece of critical information for the treatment team is having reliable contact information for a surrogate (witness) to help make treatment determinations.