



CHIEF
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DBA: Fayetteville Fire & EMS

Medical Director:
Dr. Janice Jones MD

Agency #:
08-005

Fayetteville

Brown County

Ohio

Region 6

A	Advanced EMT
P	Paramedic
	Adult drug dose
	Pediatric drug dose
	Calculated KG

Stroke / CVA

Continually reassess ABCDE's and keep reassessing and intervening as needed

EMT

1. Secure airway following Oxygen, Airway, and Ventilation procedure.
2. Obtain a blood glucose and treat per the Hypoglycemia and Hyperglycemia Protocol.
3. Request ALS intercept.
4. Perform the Cincinnati Prehospital Stroke Screen as per Stroke Assessment Protocol.
5. Transport to an appropriate facility following General Transport Guidelines & Principles.
 - i. Preference should be made to a verified Acute Stroke Ready Hospital, Primary Stroke Center, or Comprehensive Stroke Center.
 - ii. In general, these patients should NOT be transported via helicopter. These patients are best served by transporting rapidly to the closest appropriate facility.
6. Notify receiving hospital with patient information as soon as possible. **USE THE PHRASE "STROKE ALERT".**
7. Make sure to obtain the LAST KNOWN WELL time of patients' normal mental status.

AEMT

Treatment continuation from above

1. Apply cardiac monitor, obtain 12 lead ECG. (Transmit to receiving hospital if capable)
2. Initiate vascular access.

Paramedic

Treatment continuation from above

1. If suspected stroke is associated with hypertension, do NOT treat hypertension, even if severe, unless chest pain is also present. In that circumstance only treat according to hypertension guideline.
2. Perform and record the Cincinnati Pre-Hospital Stroke Scale. (refer to appendix)

Medical Director's notes:

1. Whenever possible transport a reliable historian to provide patient information and verify the exact onset of symptoms.
2. The Last Known Well time is the last verified time that the patient was at their baseline.
3. If patient awoke with symptoms then the onset is when they went to bed.
4. Scene time should be less than 10 minutes.
5. Symptoms that have resolved, improved or are consistent with a Transient Ischemic Attack (TIA) should be treated as a stroke, including appropriate stroke alerting.

Cincinnati Prehospital Stroke Scale

If any one of these is ABNORMAL, the patient is possibly having a stroke. A CODE STROKE SHOULD BE ACTIVATED.

Facial Droop:

1. Normal: Both sides of face move equally.
2. Abnormal: One side of face does not move at all.

Arm Drift:

1. Normal: Both arms move equally or not at all.
2. Abnormal: One arm drifts compared to the other.

Speech:

1. Normal: Patient uses correct words with no slurring.
2. Abnormal: Slurred or inappropriate words or mute.