

E24 CVA/STROKE/HEADACHE

KEY QUESTIONS	PRE ARRIVAL INSTRUCTIONS
Difficulty breathing?	Conscious: Position of comfort Unconscious: if not breathing normally start CPR
Any Paralysis?	Move the patient onto their back, if difficulty breathing develops, move the patient onto their paralyzed side. No food or drink. <u>Do not place in shock position with legs elevated.</u>
Unable to talk clearly?	Attempt to communicate, patient may understand but is unable to answer. Look for signs of understanding i.e. nodding, motion, glances, etc.
Difficulty swallowing?	NO food or drink
What time was the patient last known to be acting normal?	Relay time of onset to responding units

INCIDENT TYPE	
Any suspected Stroke/CVA	CVA F
Headache/Migraine - NO stroke symptoms	HEAD F

Call back if anything changes

Supplemental information

Causes of Cerebral Vascular Accidents (CVA / STROKE):

- Clotting of the cerebral arteries.
- Rupture of a cerebral artery.
- Obstruction of a cerebral artery by a clot that formed elsewhere in the body and traveled to the brain.

Signs and symptoms of Stroke:

- Partial or complete paralysis on one side.
- Decreased levels of consciousness
- Difficulty speaking
- Seizure
- Difficulty swallowing or Breathing

- Loss of facial muscle tone
- Headache

Notes

- Acute strokes less than three hours in duration may have significant recovery of function with proper medical intervention such as dissolving clots with thrombolysis (clot-buster)
- Patients may be combative - advise responding units
- Rate and time of onset are useful to EMS responders
- Reassurance is very important. Many stroke are unable to talk or respond, but are very aware of everything around them.