Stroke Documentation

Stroke Inclusion

For your ePCR to be classified as a **Stroke**, one or more of the following must be true:

- Stroke Scale Score = "Positive" *[Provider Actions → Vitals]* or Stroke PowerTool
- Provider Primary or Secondary Impression indicates stroke *[Patient Assessment → Symptoms/Impression]*. In the State of MT Elite ePCR, these options indicate stroke:

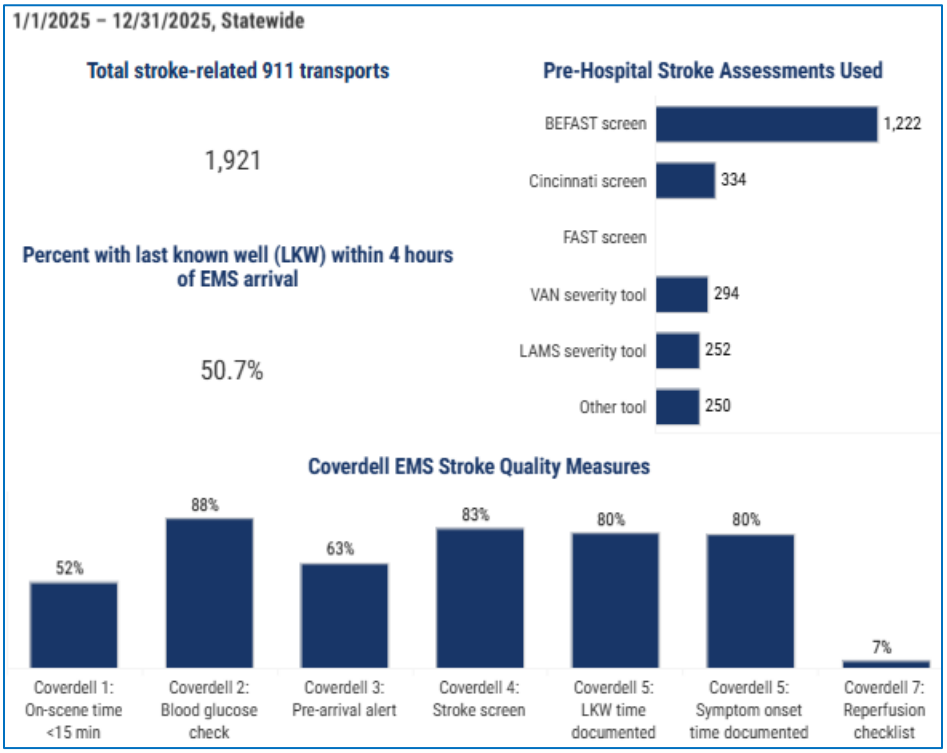
Impression Label	ICD Code*
Neuro- Stroke/CVA	I63.9
Neuro – TIA (transient ischemic attack)	G45.9

*ICD Codes are the values that ultimately get sent to NEMSIS, but they are typically not visible to the ECP who is completing the report. Agencies that use 3rd party vendors should make sure their ICD code mappings align with the state's mappings.

Stroke/CVA/TIA Situation Tool and Stroke PowerTool

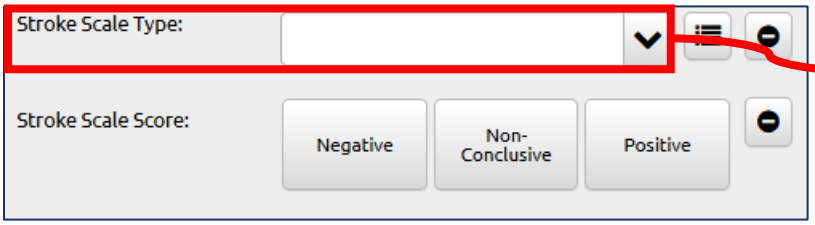
The Situation Tool guides you through the entire care protocol while the PowerTool focuses on BEFAST (stroke screen) & VAN (large vessel occlusion assessment).

QI Measures for Stroke



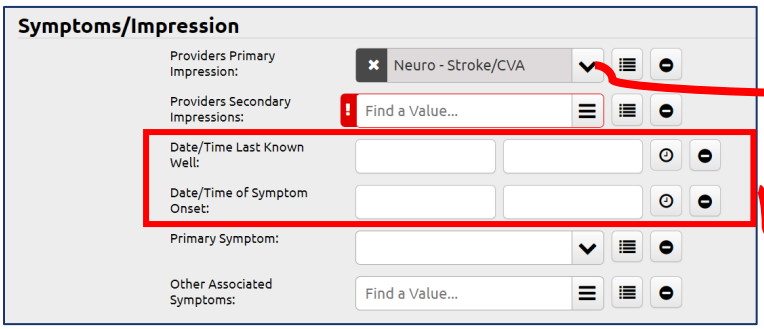
- Document BGL in the Vitals section of the ePCR *[Provider Actions → Vitals]* or use the Vitals PowerTool.
- A radio/cell report to the ED notifying them of an incoming suspected stroke is considered an Alert/Activation regardless of hospital protocols. Make sure to document your stroke alert

- Document BEFAST & VAN in the Vitals section of the ePCR *[Provider Actions → Vitals]* (scroll all the way to the bottom) or use the Stroke PowerTool.



Selecting either BEFAST or VAN under "Stroke Scale Type" will cause the associated data elements to become visible.

  - BEFAST
    - Balance- Loss of balance or coordination, Trouble walking
    - Eyes- Trouble seeing out of one or both eyes
    - Face- Facial droop or unequal facial expressions
    - Arms- one arm is weak or numb
    - Speech- Speech is slurred, trouble speaking, or confusion
    - Time- Determine last known well and symptom onset time
  - **If BEFAST is positive, perform VAN and activate STROKE ALERT**
    - Arm Drift- both arms extended out, palms up, eyes closed for 10 seconds. If the patient has no arm drift, paralysis, or unilateral weakness, the VAN assessment is over.
    - Visual Disturbance – does the patient report double vision, field cut, or loss of vision?
    - Aphasia- Does the patient have any difficulty forming words? Can the patient repeat a short sentence? Can the patient recognize two objects correctly?
    - Neglect- Does the patient present with an acute "forced gaze"/conjugate gaze palsy? Are eyes unable to track your pen to one side? Ask to close their eyes: is patient unable to feel sensation to an extremity when one or both are stimulated?
- **Last Known Well (LKW) time** is the date and time at which the patient was last known to be without the signs and symptoms of the current stroke, or at their prior baseline. LKW is documented via *[Patient Assessment → Symptoms/Impression]* NOTE: this field becomes visible AFTER you enter the primary or secondary impression of stroke/TIA
- **Symptom Onset (Time of Discovery)** is the date and time of the start of (or earliest time the patient was known to have) symptoms.



Selecting Stroke or TIA as the primary or secondary impression will cause the LKW time data element to become visible.

If the event was witnessed, then LKW and Symptom Onset time will be identical.

If the event was unwitnessed, then LKW will precede Symptom Onset time

Always record BOTH times, even if identical.