

## Stroke Documentation

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

- Provider Primary or Secondary Impression indicates stroke (documented via **Patient Assessment → Symptoms Impression**)
  - Neuro- Stroke/CVA (I63.9)
  - Neuro – TIA (transient ischemic attack) (G45.9)
- Stroke Scale Score indicates Positive (documented via **Stroke PowerTool** or **Provider Actions → Vitals**)

## Stroke Scale Type and Score

- ❖ Enter via **Stroke Power Tool** (BEFAST & VAN)

**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**

**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?

- ❖ Alternatively, Can be Entered via Form (**Provider actions → Vitals**)

## Blood Glucose Level

- ❖ Enter via Vitals tab in the Form (**Provider actions**→ **Vitals**)
- ❖ Enter via Vitals Power Tool

## Stroke Alert to hospital

- ❖ Enter via Form (**Transport/Destination Info**→ **Hospital Activation**)
- ❖ Enter the date / time that you alerted the ED of an incoming stroke patient
- ❖ A radio or cell phone report to the ED notifying them of suspected stroke patient is considered an alert/Activation regardless of hospital protocols
- ❖ This field is to document the EMS activity, not the hospital's response

**Hospital Activation**

Hospital Designation:  [v] [list] [minus]

**Hospital Team Activations**

**+ Add**

Destination Team Pre-Arrival Alert or Activation:  [x] [v] [list] [minus]

Date/Time of Destination Prearrival Alert or Activation:  10/20/2022  15:51:11 [clock] [minus]

## LKW & Symptom Onset Time

**Last Known Well (LKW) time:** LKW 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.

**Symptom Onset (Time of Discovery):** Symptom onset is the date and time of the start of (or earliest time the patient was known to have) symptoms.

- ❖ Enter Via Form (**Patient Assessment** → **Symptoms/Impression**)
- ❖ **NOTE:** Date/time Last known well becomes visible AFTER you enter the primary or secondary impression of stroke/TIA

**Symptoms/Impression**

Providers Primary Impression:  [x] Neuro - Stroke/CVA [v] [list] [minus]

Providers Secondary Impressions:  ! Find a Value... [list] [minus]

Date/Time Last Known Well:   [clock] [minus]

Date/Time of Symptom Onset:   [clock] [minus]

Primary Symptom:  [v] [list] [minus]

Other Associated Symptoms:  Find a Value... [list] [minus]

- 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.