

**HACKETTSTOWN REGIONAL MEDICAL CENTER**  
**NURSING POLICIES**  
**STROKE-EMS Communication**

=====

**Effective Date: December 9, 2014**

**Policy No: 8620.257**

**Cross Referenced:**

**Origin: Patient Care**

**Reviewed Date:**

**Authority: Chief Nursing Officer**

**Revised Date:**

**Page: 1 of 1**

=====

**SCOPE:**

All RN's, physicians and EMS units

**PURPOSE:**

To provide guidelines for the immediate recognition of suspected stroke patients and provide rapid transport while facilitating communication between the pre-hospital EMS and the Emergency Department

**DEFINITIONS:**

- I. **EMS:** Emergency Medical Services
- II. **BLS:** Basic Life Support

**POLICY:**

EMS will notify HRMC of all patients exhibiting signs and symptoms of a potential stroke in the field according to the New Jersey Department of Health guidelines

**PROCEDURE:**

- I. Per BLS protocols, patients in the field exhibiting an acute neurologic deficit without evidence of trauma shall have a **Cincinnati Pre-Hospital Stroke Scale** performed for stroke evaluation.
  - A. **Assess for facial droop: have the patient show their teeth and ask them to smile, abnormal if one side does not move**
  - B. **Assess for arm drift: have the patient close their eyes and hold their arms out straight for 10 seconds, abnormal if one arm drifts down**
  - C. **Assess speech: ask them to say "you can't teach an old dog new tricks", abnormal if patient slurs their words, uses inappropriate words or cannot speak**
- II. Based on the above abnormal findings the EMS will determine the last time well/normal or time of onset of signs and symptoms from the patient, family, and /or any witnesses
- III. EMS will notify the hospital ASAP through the HEAR (Hospital emergency actuation response) radio system of the patients possible stroke, signs and symptoms, and time of onset
  - A. The ED personnel receiving the call will immediately notify ED physician and Charge nurse of a potential stroke patient
- IV. The EMS will transport without delay to the receiving hospital
- V. EMS will continue to assess patient and provide the necessary care and call for ACLS if needed but not delay transport while waiting

**REFERENCES:**

New Jersey Department of Health EMS Field Guide, 2013,  
[https://njems.rutgers.edu/cdr/docs/NJEMS\\_FieldGuide\\_PDF.pdf](https://njems.rutgers.edu/cdr/docs/NJEMS_FieldGuide_PDF.pdf)