



Yolo County Emergency Medical Services Agency
Protocols

Revised Date: October 28, 2022

ACUTE CEREBRAL VASCULAR ACCIDENT (STROKE)	
Adult	Pediatric
Purpose	
The YEMSA Stroke System is designed to provide timely appropriate care to patients who have suffered symptoms of a stroke within 24 hours .	
Stroke Triage Criteria	
Perform Stroke Assessment using the BE-FAST mnemonic	
<ul style="list-style-type: none"> • Assess for Balance: have the patient perform the bilateral index finger-to-nose test and bilateral heel-to-shin test (when lying down): <ul style="list-style-type: none"> ➢ Normal: ability to perform the 2 tests above ➢ Abnormal: sudden loss of balance or coordination, trouble walking, or dizziness • Assess the Eyes: have the patient locate your index finger in the 4 quadrants of the visual field: <ul style="list-style-type: none"> ➢ Normal: ability to visualize your finger in all 4 quadrants ➢ Abnormal: trouble seeing out of 1 or both eyes or sudden double vision • Assess for Facial Droop: have the patient show their teeth or smile: <ul style="list-style-type: none"> ➢ Normal: both sides move equally ➢ Abnormal: 1 side of the face does not move equally • Assess for Arm Drift: have the patient close eyes and hold both arms straight out with palms up for 10 seconds: <ul style="list-style-type: none"> ➢ Normal: both arms stay still or move the same ➢ Abnormal: 1 arm does not move or drifts downward compared to the other • Assess for abnormal Speech: have the patient say, "You can't teach an old dog new tricks": <ul style="list-style-type: none"> ➢ Normal: patient uses correct words, without slurring ➢ Abnormal: the patient slurs words, uses wrong words, or is unable to speak • Ask patient, family, or friends about Timing of the event: <ul style="list-style-type: none"> ➢ Last Known Well Time (LKWT) ➢ Time of discovery of symptoms (may be the same as LKWT) 	
If any of the above are positive, the patient meets stroke triage criteria	
Patients meeting stroke criteria shall have a LAMS score recorded in the ePCR	



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LAMS Score	
Findings	Scoring
Facial Droop	Absent = 0 Points Present = 1 Point
Arm Weakness	Absent = 0 Points Drifts = 1 Point Falls Rapidly = 2 Points
Grips	Equal = 0 Points Weak = 1 Point No Grip = 2 Points
A LAMS score of ≥ 4 indicates a high likelihood of a Large Vessel Occlusion (LVO)	
Adult	Pediatric
BLS	
Assess vital signs O ₂ , titrate SpO ₂ > 94% Assist ventilations as needed Avoid hyperventilation	
BLS Optional Scope	
Blood Glucose Check	
ALS	
Cardiac Monitor, Waveform EtCO ₂ , Vascular Access	
Consider	
<ul style="list-style-type: none"> If new onset altered state (GCS < 14) with unidentifiable etiology, consider acute stroke 12-Lead (do not delay transport for 12-Lead) 	
Direction	
<ul style="list-style-type: none"> Collect medications Bring family/caregiver. If not able, collect a phone number of family/caregiver who can provide history of events Transport to a designated Stroke Receiving Center when: <ol style="list-style-type: none"> 1. Patient meets stroke triage criteria 2. Onset of symptoms is under 24 hours Contact the Stroke Receiving Center with a "STROKE ALERT" (preferably from the scene) Include All of the following information: <ol style="list-style-type: none"> 1. Nature of the symptoms 2. LKWT and/or Time of discovery of symptoms 3. BE-FAST Stroke Assessment findings 4. Blood glucose 5. Vital signs 6. Treatment provided 	