



February 28, 2017

Message from the UHS Stroke Team

Dear EMS Colleagues:

We've been reviewing PCR's for patients transported to our ER with symptoms of acute stroke or TIA since March 2016. We look for documentation of onset of symptom/s, or Last Known Well, Cincinnati Stroke Scale (CSS) and/or Glasgow Coma Scale. Your initial assessments facilitate triage. In turn, our ER providers concentrate on completing various tests and procedures to achieve a definitive diagnosis and determine required treatment/s within the first 60 minutes of the patient's arrival.

Research shows that CSS is a reliable and valid tool in identifying acute stroke. When one of the three items in the CSS tests positive as a new event, there is a 72% likelihood of an acute ischemic stroke. If all 3 findings are positive (facial asymmetry, arm drift, speech), the probability of an acute stroke is more than 85%. Patients who test positive (+) on the CSS become potential candidates for thrombolytic therapy (t-PA) when they arrive at the ER within 4.5 hours of symptoms onset. So, cast a wider net when you suspect acute stroke or TIA. Remember to include onset or last well known, GCS and CSS, then record these in your PCR's.

We are proud to team up with you in delivering cutting-edge stroke care in our community. Keep up the good work!