

# Paramedic Prompt Card for Acute Stroke Bypass Protocol

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This prompt card provides a quick reference of the *Acute Stroke Protocol* contained in the *Basic Life Support Patient Care Standards* (BLS PCS). Please refer to the BLS PCS for the full protocol.

## Indications under the Acute Stroke Protocol

Redirect or transport to the closest or most appropriate Designated Stroke Centre\* will be considered for patients who meet ALL of the following:

1. Present with a new onset of at least one of the following symptoms suggestive of the onset of an acute stroke:
  - a. Unilateral arm/leg weakness or drift.
  - b. Slurred speech or inappropriate words or mute.
  - c. Unilateral facial droop.
2. Can be transported to arrive at a Designated Stroke Centre within 6 hours of a clearly determined time of symptom onset or the time the patient was last seen in a usual state of health.
3. Perform a secondary screen for a Large Vessel Occlusion (LVO) stroke using the Los Angeles Motor Scale (LAMS) and inform the CACC/ACS to aid in the determination of the most appropriate destination.

\*A Designated Stroke Center is a Regional Stroke Centre, District Stroke Centre or a Telestroke Centre regardless of EVT capability.

## Contraindications under the Acute Stroke Protocol

ANY of the following exclude a patient from being transported under the Acute Stroke Protocol:

1. CTAS Level 1 and/or uncorrected airway, breathing or circulatory problem.
2. Symptoms of the stroke resolved prior to paramedic arrival or assessment\*\*.
3. Blood sugar <3 mmol/L\*\*\*.
4. Seizure at onset of symptoms or observed by paramedics.
5. Glasgow Coma Scale <10.
6. Terminally ill or palliative care patient.
7. Duration of out of hospital transport will exceed two hours.

\*\*Patients whose symptoms improve significantly or resolve during transport will continue to be transported to a Designated Stroke Centre.

\*\*\* If symptoms persist after correction of blood glucose level, the patient is not contraindicated.

**CACC/ACS will authorize the transport once notified of the patient's need for redirect or transport under the Acute Stroke Protocol.**