

Northwest Community EMS System

March 2019 CE: Stroke

Name:	Date submitted:
EMS Agency/hospital:	Credit awarded (date):
EMSC/Educator reviewer:	Returned for revisions:
	Revisions received:

This packet should take 2 hours to complete – which earns you the equivalent of the 2 hour live CE class. Sources: Mar 2019 CE handout; Stroke SOP; PM Stroke class handout and Stroke PPT slides (website).

After viewing the first videotape created by Dr. Jordan, <https://www.youtube.com/watch?v=iEWkbK1qZhl>, answer the following questions.

1. True or False? (Circle one): In most cases, the NWC EMS System supports prehospital resuscitation performed where the patient is found, versus transporting with resuscitation interventions performed enroute.
2. Which of the following is NOT normally a possible consequence of patient movement during resuscitation? (Circle correct answer)
 - A. Dislodgement of ETT or advanced airway
 - B. Dislodgement of vascular access device
 - C. Poor quality compressions
 - D. Rescuer fatigue
3. List 3 non-controversial exceptions to “Stay and Play” approach to resuscitation management.
 1. _____
 2. _____
 3. _____
4. Patients who may be considered for prehospital termination of resuscitation efforts include which of the following (Circle all that apply):
 - A. Unwitnessed arrest
 - B. No shockable rhythm at any time during arrest
 - C. Patients whose last known normal time is less than 12 hours
 - D. Patients who achieve ROSC but do not regain consciousness or breathe on their own

Stroke

5. The cerebral blood supply arises from 2 major sets of vessels that become the “anterior” and the “posterior” circulations. What are those two major vessels / arteries?
 1. _____
 2. _____

6. List the parts of the brain supplied by each of the two main circulations in the table following.

Carotid / Anterior	Vertebral / Posterior

7. The Cincinnati Stroke screen assesses for which symptoms of stroke – anterior or posterior?

8. List 3 common symptoms of anterior circulation stroke, often identified by the CSS.

- A. _____
- B. _____
- C. _____

9. Symptoms of posterior circulation stroke are assessed using the BEFAST stroke screen. What “categories” are included in BEFAST in addition to those of the Cincinnati Stroke Screen? Circle the correct answer.

- A. Cranial nerves and cerebellar exams
- B. GCS and dysarthria
- C. Eyes and balance
- D. GCS and balance

10. List 7 common signs and symptoms of posterior circulation stroke.

11. Define vertigo. _____

12. Which is true of the penumbra? Circle one.

- A. Cells in this area begin to die within minutes.
- B. Cells are ischemic / receive no collateral perfusion.
- C. Perfusion is compromised and cells have no chance for recovery.
- D. Perfusion is compromised but cells may recover if perfusion is restored.

13. What 3 actions (goals) by EMS can play a significant and positive role in preventing permanent cell infarction / cell death of compromised / ischemic cells?

1. _____
2. _____
3. _____

14. At what time after patient contact should the stroke screen be done?

15. Describe optimal positioning of the head and neck for the patient with stroke symptoms.

16. Describe position of the head of the stretcher for the patient with stroke symptoms whose SBP is at least 100.

17. Under what circumstances should vascular access be obtained prehospital on a patient with stroke symptoms? List 3.
1. _____
 2. _____
 3. _____

Please use the NWC EMSS Stroke Screen/Stroke Alert Draft Checklist 2019 (CE handout pt 3) and the same document with Instructions (CE handout pp 4-6) to respond to the following questions.

18. The initial portion of the checklist asks that EMS obtain the name and call-back number for a reliable historian. Why is this information essential?

19. The initial portion of the checklist asks whether there was a severe headache or seizure associated with the event. What condition might these S&S signal, that will warrant other specialized treatment?

20. What is the first assessment done under the BALANCE ("B") section of the BEFAST stroke screen, **AND** what is EMS assessing / looking for?
_____ **AND** _____

21. Explain how this assessment is done.

22. What is the second item tested under "B", **AND** what is EMS assessing for?

23. Explain how the assessment is done.

24. What is the third item tested under “B”, **AND** how is it assessed?

_____ **AND**

25. What is the first item assessed under the “Eyes” (“E”) portion of BEFAST, **AND** what are you looking for?

_____ **AND**

26. How is it assessed?

27. What is the second item assessed under “E”, **AND** what is EMS assessing for?

_____ **AND**

28. How is this assessment done?

29. Explain how EMS should assess for photophobia, ptosis and eye position.

30. What is assessed for when testing extraocular movements?

31. Describe the procedure for assessment.

32. What 4 motions does EMS instruct patient to perform when assessing for facial symmetry?

33. What should EMS suspect if the patient’s forehead does not wrinkle on the same side of the face that is weak?

34. What is the procedure to assess for unilateral weakness / asymmetry in the upper limbs (“A”)?

35. Which of the following describes characteristic of speech that can be summed up as “How they say it”, and what is the term for the abnormality?
- A. Ability to express oneself fluently; stuttering
 - B. Ability to form or articulate words; dysarthria
 - C. Ability to create a wide range of sounds; articulation
 - D. Ability to speak on a level appropriate for age; delayed speech
36. Which abnormality is identified when there are abnormalities in “What they say”, **AND** what abnormalities might you note?
- _____ AND
- _____
37. Why is knowledge of the patient’s meds or PMH important in the setting of potential stroke?
- _____

The remaining questions pertain to the “Destination options” portion of the stroke checklist.

38. Unstable patients should be transported to the nearest hospital regardless of stroke designation. List 4 conditions that would render a patient “unstable”:
- _____
- _____
- _____
- _____
39. The patient with acute stroke symptoms whose onset was < 3.5 hours ago should be transported to which level / designation of stroke center? (Circle one.)
- Nearest stroke center (Primary OR Comprehensive)
- Nearest Comprehensive stroke center
40. Explain the rationale behind transporting a patient with stroke symptom onset > 3.5 hours to the nearest Comprehensive stroke center, bypassing the closer Primary stroke center(s).
- _____
- _____

Circle the patient **or patients** below who meet criteria with regards to additional travel time. **Time to further CSC must be < or = to PSC time + 15.**

- A. Time to closer Primary SC 8 min; time to further Comprehensive SC 25 min.
- B. Time to closer Primary SC 6 min; time to further Comprehensive SC 16 min.
- C. Time to closer Primary SC 15 min; time to further Comprehensive SC 25 min.
- D. Time to closer Primary SC 12 min; time to further Comprehensive SC 18 min.