

**Northwest Community EMS System
Continuing Education Class Credit Questions
STROKE – August 2011**

Name (PRINT):	Date submitted:
Affiliation:	Rating: [] Complete [] Incomplete

Reminder: You must schedule to take the class post-test with your assigned hospital EMS Coordinator/educator or their designee after this packet has been approved as complete.

The answers to these questions are found in the August 2011 class handout, independent study materials, SOPs, Jan. 2011 Documentation CE handout, and/or the ImageTrend documentation program.

1. According to the NWC EMSS QI data reported in the Stroke handout, name 3 areas of stroke assessment and/or care that present ongoing opportunities for improved performance. (Obj. 2) (Stroke CE packet, p. 2)

2. Why are patients with stroke symptoms considered time sensitive? (Obj. 17) (Stroke SOP, Independent Study Material (ISM) pp 6-7)

3. List at least 3 of the 7 points of information that must be communicated to online medical control (OLMC) when calling in a possible stroke alert. (Obj. 20) (Stroke SOP)

4. Identify 4 past medical history conditions that place a patient at higher risk of stroke. (Obj. 4) (Stroke SOP, ISM pp 7-8)

5. When getting the history of present illness for a patient with stroke symptoms, what is the most important information for EMS to obtain? (Obj.20) (Stroke SOP)

6. Explain how to assess for facial asymmetry when doing the Cincinnati Stroke Screen (CSS) (Obj. 7) (ISM p 10, SOP)

7. Explain how to assess for arm weakness when doing the CSS. (Obj. 7) (ISM p 10, SOP)

8. Explain how to assess "speech" when doing the CSS. (Obj. 7) (ISM p 10, SOP)

**Northwest Community EMS System
Continuing Education Class Credit Questions
STROKE – August 2011**

9. List 3 additional signs/symptoms of stroke not assessed with the CSS (“stroke equivalents” or “atypical presentations”) (Obj. 12) (SOP; ISM p 10-12)

10. List 1 condition that may present like a stroke, but has a different cause for the S&S and should be assessed/ considered/ and possibly treated in the field (differential diagnosis). (Obj. 13) (SOP)

11. When a patient with stroke S&S has a GCS of 8 or less, what intervention should be considered? (Obj. 14) (Stroke SOP)

12. What is the indication for giving oxygen to patients with stroke S&S? (Obj. 15) (Stroke SOP)

13. What are the indications for starting an IV on patients with stroke S&S? (Obj. 16) (Stroke SOP)

14. For a patient with suspected stroke and grossly altered mental status, what may the presence of a hypertensive BP coupled with a bradycardic HR of 40 indicate? (Obj. 16) (Stroke SOP)

15. Should the bradycardia be treated with drugs/pacing in the above patient? Why or why not?

16. How should a patient with a possible stroke be positioned for transport if the SBP is > 110?

17. List 3 modifiable stroke risk factors. (Obj. 4, 5) (Stroke ISM, p. 8)

18. List 2 non-modifiable stroke risk factors. (Obj. 4, 5) (Stroke ISM, p. 8)

- 19-22. Refer to PCR #1 on page 6-8 of the Stroke Class packet. Then complete the following. (Stroke SOP)

What is the pt's atypical stroke symptom?	
What meds should raise the suspicion for stroke?	
Is this patient's CSS normal or abnormal?	
What ECG rhythm does this pt have that predisposes a pt to stroke?	

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Continuing Education Class Credit Questions
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23-25. Refer to PCR #3 on page 16-18 of the Stroke Class packet. Then complete the following. (Stroke SOP)

Was the chief complaint accurately documented on this patient? Why or why not?	
What is the patient's atypical stroke symptom?	
Was the CSS accurately documented? Why or why not?	

26-28. Refer to PCR #4 on page 21-23 of the Stroke Class packet. Then complete the following. (Stroke SOP)

Why is the chief c/o a headache a concern in this pt?	
Did this patient require O ₂ ? Why or why not?	
Why could this patient's gait be abnormal?	

29-30. Refer to PCR #5 on page 26-28 of the Stroke Class packet. Then complete the following. (Stroke SOP)

What is the patient's atypical stroke symptom?	
Does this patient have indications of increased intracranial pressure? If yes, what are they?	

31. Refer to PCR #6 on page 29-31 of the Stroke Class packet. Then complete the following. (Stroke SOP)

What is the patient's atypical stroke symptom/stroke equivalent?	
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32. Refer to PCR #7 on page 34-36 of the Stroke Class packet. Then complete the following. (Stroke SOP)

What is the patient's atypical stroke symptom/stroke equivalent?	
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33-34. Refer to PCR #8 on page 39-41 of the Stroke Class packet. Then complete the following. (Stroke SOP)

What is the patient's atypical stroke symptom/stroke equivalent?	
Did this patient require intubation? Why or why not?	

35-37. Refer to PCR #9 on page 44-46 of the Stroke Class packet. Then complete the following. (Stroke SOP)

What is the patient's atypical stroke symptom/stroke equivalent?	
What are this patient's stroke risk factors?	
Was an advanced airway indicated for this patient?	

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38. To document results of the complete (cumulative) CSS assessment in ImageTrend Field Bridge, EMS must access which pane and which activity? (Obj. 11) (Field Bridge template)
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39. Why is it important to transport a patient with possible stroke to a primary stroke center within 4.5 hours of the onset of S&S?
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40. What interventions are available at a comprehensive stroke center that can extend the 4.5 hour window for treatment?
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