

**Northwest Community EMS System
Continuing Education Class Credit Questions
Stroke – August 2013**

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.

Answers are found in the August class handout, August Stroke Reference Material (website), &/or the SOPs.

1. The emphasis on judicious use of time on the part of all providers in the early hours of stroke care revolves around the potential for the patient to receive treatment to re-perfuse the penumbra. What is “penumbra”?

2. List 3 items from IMC/general patient assessment that should be addressed on-scene for *all* stroke patients.

3. When caring for a patient w/ possible stroke, list 2 indications for IV access *on scene* indicated?

4. When caring for a patient w/ possible stroke, when should a 12 Lead ECG be done *on scene*?

5. How should EMS first manage a patient w/ possible stroke, whose airway is clear and patent, breathing spontaneously at 10/min., normal depth, mod. labored, no gag reflex, SpO2 of 92%?

6. List 3 criteria/situations that warrant DAI for a patient w/ possible stroke.

7. When the patient’s needs warrant scene time greater than 10 min., *what* information should be documented, and *where* should it be documented?

8. EMS responds for a patient w/ a possible stroke. The pt had a stroke 6 months ago, w/ residual left sided paralysis. This patient’s CSS is

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- A. normal.
- B. abnormal.
- C. non-conclusive.

9. A patient presents w/ sudden onset of severe headache, followed by a seizure and projectile vomiting. The pt is now unresponsive, w/ GCS 5 (1 – 1 – 3). This patient's CSS is

- A. normal.
- B. abnormal.
- C. non-conclusive.

10. If the Los Angeles Prehospital Stroke Screen (LAPSS) were used to assess a pt w/ possible stroke, list 2 other assessments or inquiries that EMS would make in addition to those done with CSS.

11. If the Miami Emergency Neurologic Deficit (MEND) exam were used to assess a pt/ w possible stroke, list the five (5) assessments that should be performed *on scene*?

12. Some patients w/ stroke were not evaluated for hypoglycemia. According to NWC EMSS Stroke SOP, what 3 patient findings/conditions warrant assessment of blood glucose?

13. Stroke S&S include other presentations ("stroke equivalents") besides those found on CSS exam. List 5.

14. **Choose one** stroke presentation listed below, and indicate what assessment(s) is indicated in the presence **of that presenting symptom**?

Paresthesia	Headache	Vertigo/dizziness	Visual field loss
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15. List 3 activities to inquire about that may assist pt/witnesses/family in determining a firm time of symptom onset.
- _____
- _____
- _____
16. If the witness/family member providing information about the stroke event cannot accompany the patient to the hospital, what information should EMS obtain to provide to the receiving hospital staff?
- _____
- _____
17. Which last seen normal/symptom onset time is specific enough for use in determining whether a patient could be a candidate for IV tPA?
- A. After lunch
- B. 1015 this morning
- C. Prior to EMS arrival
18. List 3 of the specific items that must be included in the report notifying OLMC of the impending arrival of a patient w/ stroke S&S?
- _____
- _____
- _____
19. List 3 stroke mimics, besides hypoglycemia, whose symptoms could be mistaken for stroke that EMS can assess for and rule out.
- _____
- _____
- _____
20. List 3 stroke risk factors.
- _____
- _____
- _____
21. Explain how a neuroprotective agent works to protect the brain tissue involved in stroke.
- _____
- _____

Refer to the PCR on pages 12-14 of the Stroke CE class handout to answer the following questions.

22. What PMH (list 2) does this pt have that should alert EMS to the risk for stroke?
- _____
- _____

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23. CSS is documented in the Vital Signs drop downs as “inconclusive”. Using information taken from the Assessment Exam section of the PCR, CSS is
- A. normal.
 - B. abnormal.
 - C. inconclusive.
 - D. not applicable.
24. This event occurred on May 4 2012. PSAP time = 0231. The narrative contains husband’s statement that “pt started to have head pain the day prior”. Onset date and time are listed as May 4 2012 at 0231. Which of the following is true?
- A. This pt could be a candidate for IV tPA according to time of symptom onset.
 - B. This pt could be a candidate for interventional therapy as she is outside the time window for IV tPA.
 - C. It does not matter that the onset times/duration of symptoms does not coincide. This pt has S&S of a hemorrhagic stroke, which is a contraindication to both tPA & interventional therapy.
 - D. The information in the narrative and that entered into the Patient Condition sections do not coincide. Thus, hospital staff may not be able to consider her a possible candidate for tPA.

Refer to the PCR on pages 16-18 of the Stroke CE class handout to answer the following questions.

25. Consider the following in the Patient Condition section. Which “stroke equivalent” S&S did this pt experience & report? (list 2)

26. This patient had 3 conditions that put her at risk for stroke. List them.

27. Time last seen normal / time of symptom onset are noted in both the narrative and the Patient Condition section of the PCR. Does this documentation provide a credible symptom onset time?

Yes

No

Refer to the PCR on pages 20-22 of the Stroke CE class handout to answer the following questions.

28. Scene time was 16 min. What information should be entered in the narrative?

29. What event signaled this patient’s stroke (hint: narrative)?

30. What are this patient’s stroke risk factors? (List 3)

31. What criteria did this patient meet for IV access?

- A. Need for DAI
- B. Hypoglycemia
- C. Seizure activity
- D. This pt did not meet criteria for an IV.

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Refer to the PCR on pages 24-26 of the Stroke CE class handout to answer the following questions

32. Based on the documentation in this PCR, this patient's CSS is
- A. normal.
 - B. abnormal.
 - C. inconclusive.
 - D. not applicable.
33. Which DAI "consideration" (per DAI SOP) was *not satisfied* for this patient prior to intubation attempts?
- _____
34. To accomplish the above consideration, what interventions / procedure(s) should be done?
- _____
- _____
35. Which assessment finding would signal failure of the above, & serve as an indication for advanced airway placement?
- A. GCS 8 or less
 - B. SpO₂ of 90% w/ O₂
 - C. Capnography reading of 40
 - D. Square capnography wave form

Refer to the PCR on pages 28-30 of the Stroke CE class handout to answer the following questions.

36. Which "stroke equivalents" did this patient present with? (There are 2)
- _____
- _____
37. Which additional assessment is indicated for the patient with the above S&S?
- A. Visual acuity
 - B. Cerebellar dysfunction exam
 - C. Superficial touch and pain sensation
 - D. Extraocular movements assessment
38. Explain how the EMT-P administers the above exam.
- _____
- _____
39. A 12 Lead ECG was done on this patient. What criteria did this patient meet for 12 Lead ECG?
- A. The patient had a cardiac history
 - B. Dizziness is an angina equivalent
 - C. Dizziness can signal silent MI in women
 - D. This patient did not meet criteria for 12 Lead ECG
40. CSS is documented as inconclusive. Information in the narrative explains that EMS was unable to assess for facial asymmetry because the patient was gritting her teeth. What other instructions could EMS give this patient to attempt to assess for facial asymmetry?
- _____

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