

CINCINNATI STROKE SCALE

Objectives

On completion of the course the student shall be able to:

- Describe the importance of rapid detection CVA/TIA symptoms in the prehospital setting.
- Describe why extensive neurological examinations are inappropriate in the prehospital setting.

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On completion of the course the student shall be able to:

- Describe the three points evaluated in the Cincinnati Stroke Scale evaluation.
- Perform a Cincinnati Stroke Scale evaluation on a victim

Stroke in The Prehospital Setting

- Stroke must be suspected quickly by EMTs and paramedics in the field.
- In one study EMTs and Paramedics correctly identified stroke and TIA in 72% of the patients with either condition.
- Extensive neurological exams are impractical in the prehospital setting

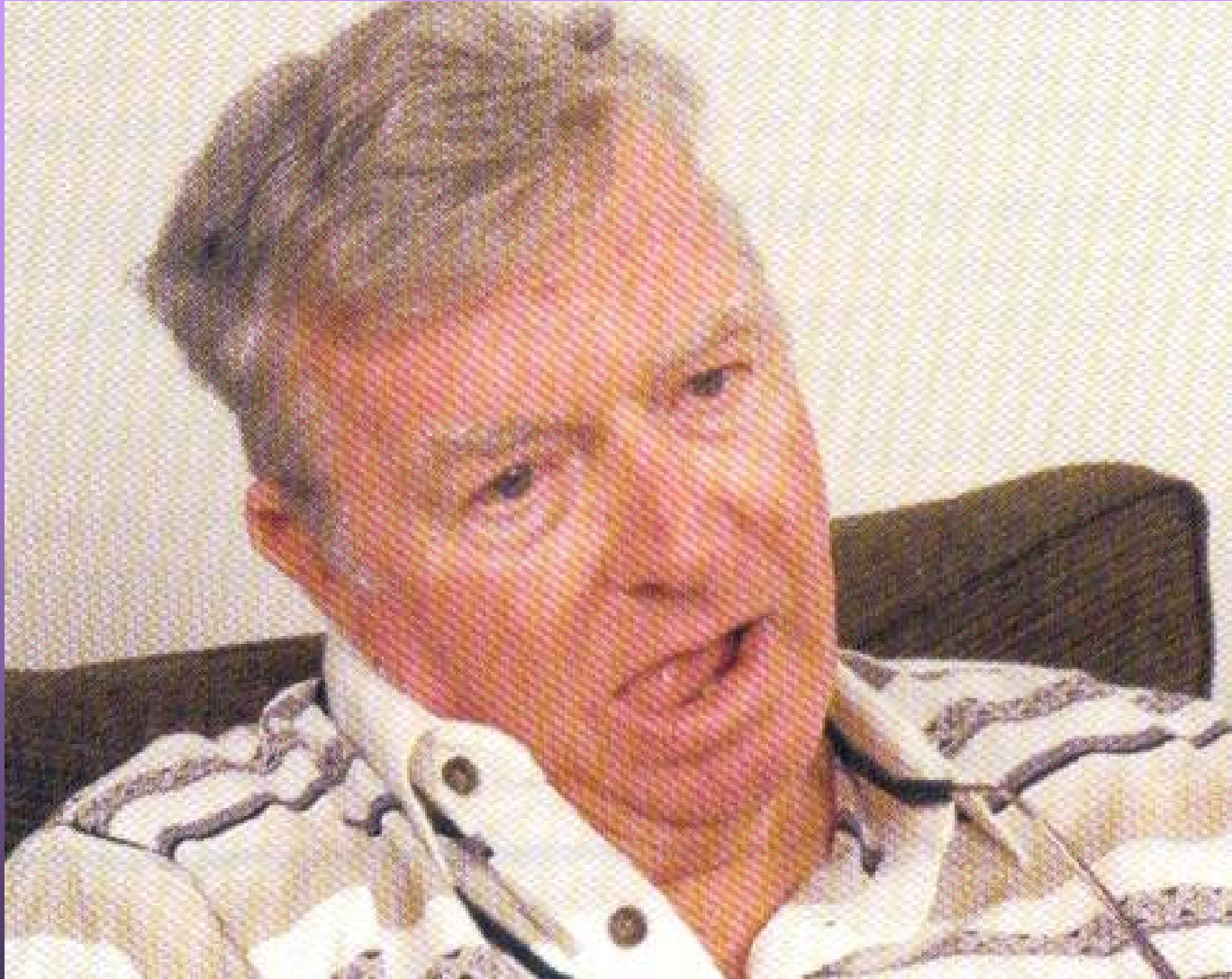
CINCINNATI STROKE SCALE

- Identifies patients with strokes.
- It evaluates three major physical findings.
 - Facial droop
 - Motor arm weakness
 - Speech abnormalities

Facial Droop

- Have the patient show their teeth or smile.
- Normal – both sides of the face move equally well
- Abnormal – one side of the face does not move as well as the other side



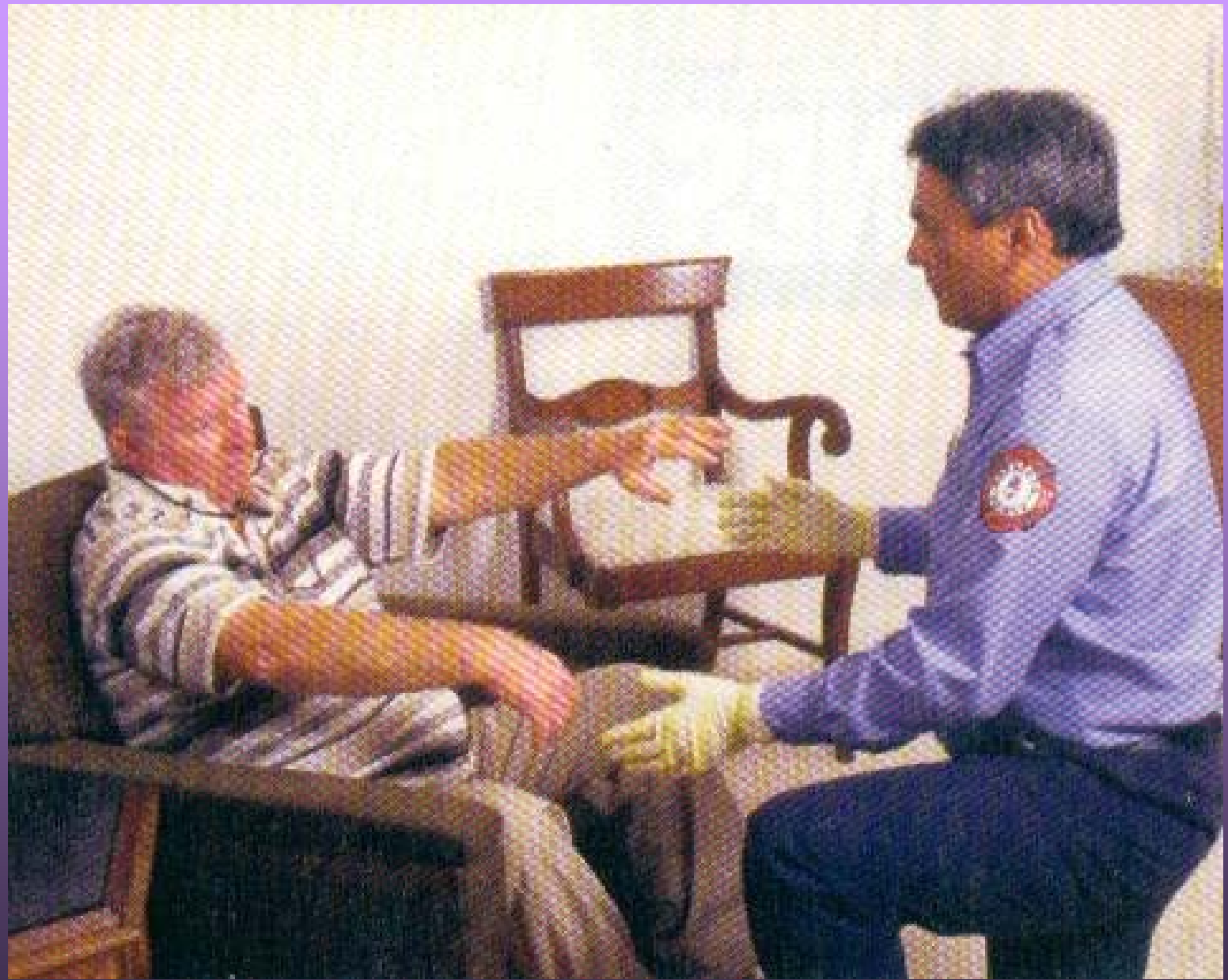


Arm Drift

- Have the patient close his/her eyes and hold both arms out.
- Normal – both arms move the same way, *or* both arms do not move at all.
- Abnormal – one arm does not move *or* one arm drifts down compared to the other arm.

Other findings such as pronator grip, may be helpful



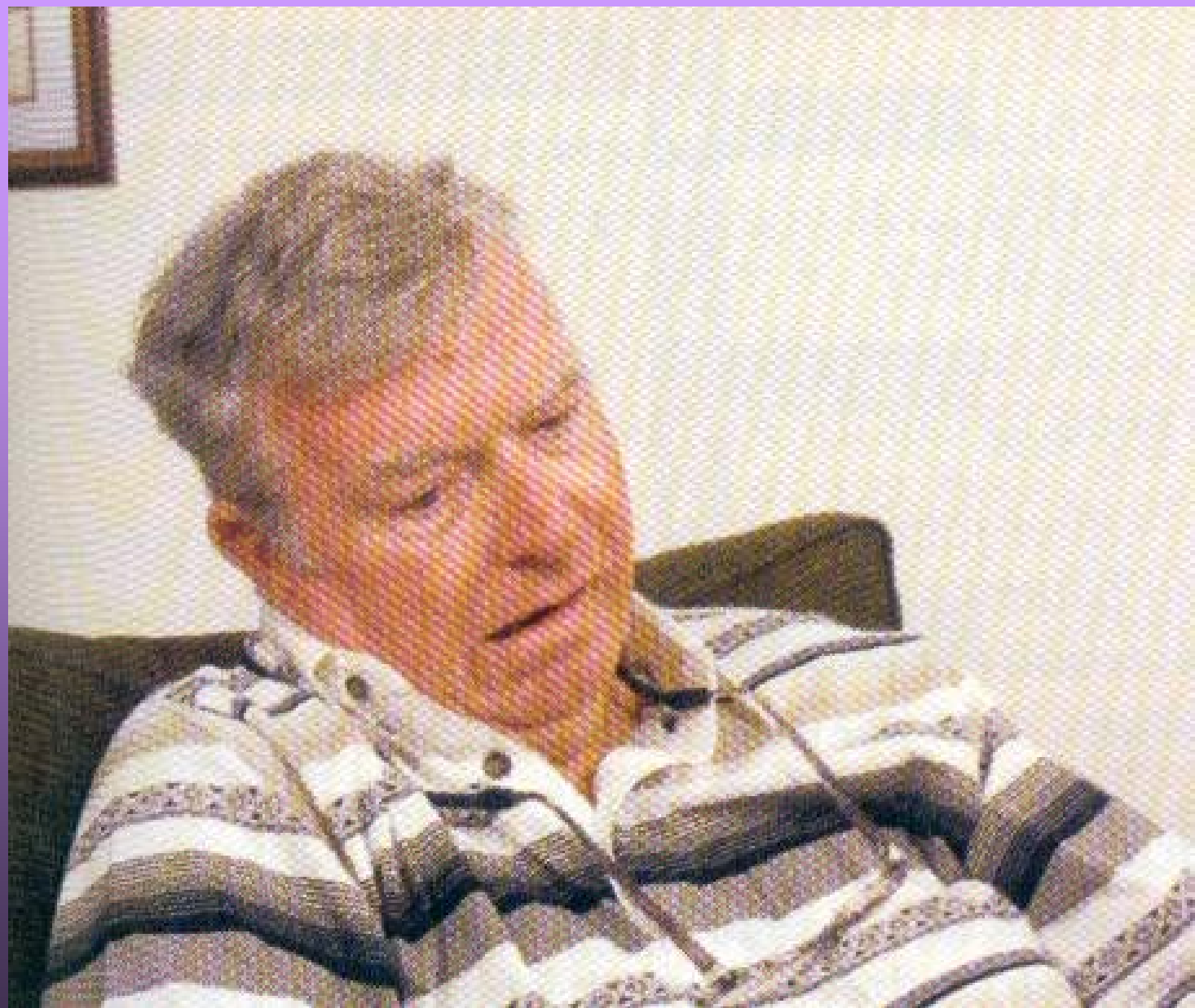


Speech

- Have the patient say “*You can’t teach an old dog new tricks.*”
- Normal – patient uses correct words with no slurring.
- Abnormal – patient slurs words, uses inappropriate words, *or* is unable to speak



“You can’t teach an old dog new tricks.”



Cincinnati Prehospital Stroke Scale

- Patients with 1 of these 3 findings -*as a new event* - have a 72% probability of an ischemic stroke.
- If all 3 findings are present the probability of an acute stroke is more than 85%
- Once the Paramedic has completed an assessment, immediately contact medical control and the destination ED and provide prearrival notification.

Stroke

- Once the diagnosis of stroke is suspected, *time in the field must be minimized.*
- The presence of a patient with acute stroke is a “*load and go*”.
- A more extensive examination or initiation of supportive therapies should be accomplished en route to the hospital.

Stroke

- One of the most important aspects of your history must be the time of onset of the symptoms.
- This time will have important implications for potential therapy.
- Early notification of the ED by the Paramedic is essential.
- Careful assessment is a must, signs of stroke can be very subtle.

Evaluation

- Describe the importance of rapid detection CVA/TIA symptoms in the prehospital setting.
- Describe why extensive neurological examinations are inappropriate in the prehospital setting.
- Describe the three points evaluated in the Cincinnati Stroke Scale evaluation.

Summary

Early detection of CVA/TIA in the prehospital setting can have a dramatic effect on the mortality and morbidity of patients. In depth neurological exams are not only unnecessary in the prehospital settings but are in fact counter productive. Using the Cincinnati Stroke Scale an ECA/EMR, EMT, or Paramedic can quickly and accurately assess the neurological status of a patient presenting with CVA/TIA Signs and symptoms.