Cincinnati Prehospital Stroke Scale / FAST

Cincinnati Prehospital Stroke Scale

Facial Droop (ask the patient to show their teeth or smile):

☑ Normal – Both sides of the face move equally.

☒ Abnormal – One side of the face does not move as well as the other.

Arm Drift (ask the patient to close their eyes and hold both arms out straight for 10 seconds):

☑ Normal – Both arms move the same or do not move at all.

☒ Abnormal – One arm does not move or one arm drifts downward compared to the other.

Speech (ask the patient to say, “The sky is blue in Cincinnati”):

☑ Normal – The patient says the phrase correctly with no slurring of words.

☒ Abnormal – The patient slurs words, uses the wrong words or is unable to speak.

FAST Test

Facial Droop
Arm Drift
Speech Abnormalities
Time of Onset
First Responder Care

1. Render initial care in accordance with the *Routine Patient Care SMO*.

2. **Oxygen**: 2-3 L/min via nasal cannula. If the patient has a known history of COPD, titrate oxygen to maintain a PaO2 level of 90-93%. Be prepared to support the patient’s respirations with BVM if necessary.

3. Check and record vital signs every **5 minutes** until the transporting unit arrives.

BLS Care

1. **Oxygen**: 6 L/min via nasal cannula if the patient has a patent airway and SpO2 is >95%. If SpO2 is <95%, administer oxygen at 15 L/min via non-rebreather mask. Be prepared to support the patient’s respirations with BVM if necessary and have suction readily available.

2. Perform **blood glucose level test** to rule out low blood sugar as a reason for ALOC.

3. **Glucagon**: 1mg IM/IN if blood sugar is < 60mg/dL, the patient is unresponsive and/or has questionable airway control or absent gag reflex.

4. Initiate ALS intercept if needed and transport without delay.

5. Check and record vital signs and GCS every **5 minutes**.

6. **Contact Medical Control** as soon as possible to notify of possible stroke if **FAST** exam is positive (based on 1 or more elements of the exam) and communicate the **time of onset**.

ILS Care

1. Obtain **12-Lead EKG** and transmit to receiving hospital.

2. Perform **blood glucose level test** to rule out low blood sugar as a reason for ALOC.

3. **Dextrose 50%**: 25g IV/IO if blood sugar is < 60mg/dL.

4. **Glucagon**: 1mg IM/IN if blood sugar is < 60mg/dL and unable to establish an IV.
5. Perform a 2nd **blood glucose level test** to re-evaluate blood sugar 5 minutes after administration of Dextrose or Glucagon. Repeat Dextrose if BS is < 60mg/dL.

6. **Narcan**: 2mg IV/IO/IN or IM if no response to Dextrose or Glucagon within 2 minutes and narcotic overdose is suspected. May repeat **Narcan** 2mg IV/IO or IM if no response in **5 minutes** (with Medical Control order).

7. **Midazolam (Versed)**: 2mg IV/IO/IN over 1 minute for seizure activity. May repeat Midazolam (Versed) 2mg IV/IO/IN every **5 minutes** as needed to a total of 10mg.

8. **Midazolam (Versed)**: 5mg IM if the patient is seizing and attempts at IV access have been unsuccessful. May repeat dose one time in **15 minutes** if the patient is still seizing.

9. Initiate ALS intercept if needed and transport without delay.

10. Check and record vital signs and GCS every 5 minutes.

11. **Contact Medical Control** as soon as possible to notify of possible stroke if **FAST** exam is positive (based on 1 or more elements of the exam) and communicate the **time of onset**.

**ALS Care**

1. **Midazolam (Versed)**: 2mg IV/IO/IN over 1 minute for seizure activity. May repeat Midazolam (Versed) 2mg IV/IO/IN every **5 minutes** as needed to a total of 10mg.

   **OR**

   **Midazolam (Versed)**: 5mg IM if the patient is seizing and attempts at IV access have been unsuccessful. May repeat dose one time in **15 minutes** if the patient is still seizing to a total of 10mg.

2. **Ativan (Lorazepam)** 1mg IV push, titrating 1mg at a time until the seizure stops; or until 4mg is given. **May also give 2 mg IM every 5 min for total of 4 mg.**

2. **Contact Medical Control** as soon as possible to notify of possible stroke if **FAST** exam is positive (based on 1 or more elements of the exam) and communicate the **time of onset**.