DOES USING THE STROKE DIAGNOSTIC TOOL MATTER?
Yes! It saves time and brain.

Strokes: Strokes interrupt blood supply to part of the brain through blockage or bleeding. The length of time a stroke interrupts the supply determines the amount of brain damage caused. Quickly restoring normal blood flow to the brain is critical, requiring smart identification and timely response.

Smart Identification: Emergency Medical Dispatchers (EMDs) provide smart identification by knowing and recognizing stroke symptoms as callers describe them. This can be challenging when stroke symptoms change or mimic other conditions. EMDs strengthen stroke identification when they use the Stroke Diagnostic Tool. Based on the widely used Cincinnati Prehospital Stroke Scale (CPSS), the Stroke Diagnostic Tool prompts EMDs to ask three questions and provides them with results they may use to alert Emergency Medical Services (EMS) responders and receiving hospitals.

When EMDs use the Tool, they identify more than twice as many strokes as medics on scene, providing the earliest and most accurate identification for EMS responders and hospitals. Using the Stroke Diagnostic Tool has been shown to take only about 27 seconds.

Timely Response: A timely response provides timely treatment. When EMS responders receive accurate stroke alerts at an appropriate response level, they can provide the best response—they arrive on scene without lights and sirens, perform additional assessments, and transport patients to hospitals readied with equipment and personnel.

Stroke patients need access to equipment and doctors as soon as possible for treatment. The best treatment for strokes caused by blockage is tissue plasminogen activator (tPA). It breaks up clots and is very effective at restoring normal blood flow to the brain. tPA must be administered within a few hours of when stroke symptoms begin. Currently only doctors may administer tPA after a CT scan confirms that a blockage, not bleeding, has caused the stroke. EMDs using the Stroke Diagnostic Tool give patients the best chance at getting what they need the fastest way.

Symptoms May Change: The Stroke Diagnostic Tool’s result provides the starting point that EMS responders and hospitals use to track the progression of the stroke over time.
Stroke symptoms can change quickly over time and can even completely disappear. They can also indicate other medical conditions. This makes it difficult to identify a stroke at any given point. Typically, callers contact 911 because the patient is having trouble now and needs help. This places EMDs at the perfect moment to recognize the symptoms and identify tens of thousands of strokes per year that no one else can.

Once EMS responders arrive on scene, they may perform a stroke assessment. However, when they do, the symptoms may have changed or disappeared, so EMDs’ use of the Stroke Diagnostic Tool may be the only opportunity to record symptoms while they are occurring. The EMS responder’s assessment is helpful to track how the stroke is progressing because it is a second measure of the stroke over time. If they are not able to complete the assessment or the symptoms have vanished, then the Stroke Diagnostic Tool’s result is the only information the doctors have to track the patient’s stroke over time. Knowing how much time has passed and what symptoms the patient previously experienced helps the doctor diagnose and order treatment.

Take Time to Act: Since only about 3% of emergency calls are stroke calls, there are not many on-the-job opportunities to use the Stroke Protocol and the Stroke Diagnostic Tool. When a stroke call does come, positive patient outcomes rely on an EMD’s ability to provide smart identification.

Smart identification does not happen by accident; it results from EMDs quickly recognizing stroke symptoms, taking time to use the Stroke Diagnostic Tool, and dispatching stroke alerts at the appropriate response level.

FOR MORE INFORMATION: