Washington State Emergency Cardiac and Stroke Technical Advisory Committee

Recommendations for 9-1-1 Dispatch for Suspected Stroke and Acute Coronary Syndrome (Heart Attack)

Recommended Dispatch Protocols for Suspected Stroke

Dispatch nearest available EMS response capable of transport. Rapid transport is priority.

The American Stroke Association (ASA) recommends dispatching the highest appropriate level of care available in the shortest time possible. See additional recommendations from the ASA in the policy statement: Implementation Strategies for Emergency Medical Services Within Stroke Systems of Care: A Policy Statement from the American Heart Association/American Stroke Association Expert Panel on Emergency Medical Services Systems and the Stroke Council. http://stroke.ahajournals.org/cgi/reprint/STROKEAHA.107.186094

Signs and symptoms of stroke:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause

Stroke Assessment – *F.A.S.T.*

The F.A.S.T. assessment tool (also known as the Cincinnati Prehospital Stroke Scale + Time) is a simple but pretty accurate way to tell if someone might be having a stroke. It's easy to remember: Facial droop, Arm drift, Speech, + Time. If face, arms, or speech is abnormal, it's likely the patient is having a stroke. The patient should immediately be transported to a stroke center. Treatment for a stroke caused by a clot in the brain must be given within 4.5 hours of the time symptoms began. TIME IS CRITICAL!

TEST	NORMAL	ABNORMAL
Facial droop: Ask the patient to show his or her teeth or smile.	 Both sides of the face move equally.	 One side of the face does not move as well as the other.
Arm drift: Ask the patient to close his or her eyes and extend both arms straight out for 10 seconds. The palms should be up, thumbs pointing out.	 Both arms move the same or both arms do not move at all.	 One arm drifts down, or one arm does not move at all.
Speech: Ask the patient to repeat a simple phrase such as "Firefighters are my friends."	The patient says it correctly, with no slurring.	The patient slurs, says the wrong words, or is unable to speak.
Time: Ask the patient, family or bystanders the last time the patient was seen normal.		

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Recommended Dispatch Protocols for Suspected Acute Coronary Syndrome (ACS)

Pre-arrival instructions for suspected ACS patient

1. Position of comfort (sit/lie down)
2. Take nitroglycerin, if prescribed, and
    a. Not taken three already
    b. No syncope or near-syncope

3. ASA – four low dose 81mg chewed unless:
    a. Signs and symptoms of stroke/CVA
    b. Already chewed ASA x ___ hours
4. NPO (nothing by mouth)
5. No exertion, if possible
6. Stay on phone or have reporting party call back if patient's condition changes or worsens

Dispatch

If suspected ACS, dispatch ALS unit

1. Chest discomfort and ≥ 35 years of age
2. ACS "equivalents" – i.e. SOB, syncope, near-syncope, etc.*
3. Dispatchers discretion based on patient history, report

* ACS "equivalents" or symptoms:

- Chest discomfort (pressure, crushing pain, tightness, heaviness, cramping, burning, aching sensation), usually in the center of the chest lasting more than a few minutes, or that goes away and comes back.
- Epigastric (stomach) discomfort, such as unexplained indigestion, belching, or pain.
- Shortness of breath with or without chest discomfort.
- Radiating pain or discomfort in 1 or both arms, neck, jaws, shoulders, or back.
- Other symptoms may include sweating, nausea, vomiting.
- Women, diabetics, and geriatric patients might not have chest discomfort or pain. Instead they might have nausea/vomiting, back or jaw pain, fatigue/weakness, or generalized complaints.

General Recommendations for Dispatch

Certification for emergency medical dispatch
Standard protocols
Standard dispatch training requirements
Standard for time from receipt of call to dispatch
Quality improvement