



Standards Procedure (Skill) Assessment / Screening Section

Stroke Screen: CPSS/MEND Exam


Clinical Indications:

- Suspected Stroke Patient


Procedure:

1. Assess and treat suspected stroke patients as per protocol.
2. The Cincinnati Prehospital Stroke Scale (CPSS) and Miami Emergency Neurologic Deficit Exam (MEND Exam) should be completed for all suspected stroke patients.
3. CPSS should be performed on scene and will again be incorporated in the MEND Exam while en route to the hospital.
4. MEND Exam is more thorough and includes a reassessment of the original CPSS. The components include:

	MR	
B	EMT	B
A	AEMT	A
P	PARAMEDIC	P



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MEND EXAMINATION - PREHOSPITAL
Green Boxes Contain Basic Exam (CPSS / FAST)

MENTAL STATUS

- Level of Consciousness (AVPU)
- Speech: "You can't teach an old dog new tricks"
- Questions (age, month)
- Commands (close, open eyes)


CRANIAL NERVES

- Facial Droop (show teeth or smile)
- Visual Fields (four quadrants)
- Horizontal Gaze (side to side)

LIMBS

- Drift - Arm (close eyes, extend arms palms down)
- Drift - Leg (open eyes, lift each leg separately)
- Sensory - Arm (close eyes & touch, pinch)
- Sensory - Leg (close eyes & touch, pinch)
- Coordination - Arm (finger-nose)
- Coordination - Leg (heel-shin)

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HISTORY

- Last time patient was without symptoms

T-PA EXCLUSIONS

- Head trauma at onset
- Seizure (shaking or staring spell) at onset
- Taking blood thinners
- History of bleeding problems
- ? Brain hemorrhage (stiff neck, ↓ LOC)

MANAGEMENT

- Do NOT allow aspiration (NPO, head up)
- Do NOT give glucose (unless glucose < 60 mg/dL)
- Do NOT treat hypertension

ED REPORT KEY ITEMS

SYMPTOM ONSET

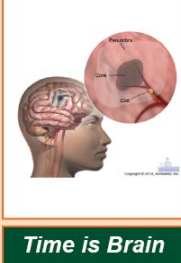
- Time (last time w/o sx's)
- Trauma (history)
- Headache (severe)
- Seizure (staring, shaking)

NEUROLOGIC EXAM

- LOC
- Speech / language
- Visual fields
- Motor strength

WITNESS

- with patient (Yes/No)
- have contact information



Time is Brain

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Certification Requirements:

- Maintain knowledge of the indications, contraindications, technique, and possible complications of the procedure. Assessment of this knowledge may be accomplished via quality assurance mechanisms, classroom demonstrations, skills stations, or other mechanisms as deemed appropriate by the local EMS System.