INFORMATION

R.A.C.E. (Risk Assessment of Cerebrovascular Events) **IF ANY SCORE** greater than a zero is found during the assessment, call a stroke alert, expedite transport, notify the hospital ASAP and advise that this is a "Stroke Alert" and include the R.A.C.E exam score. **Determine to the best of your ability the exact time of stroke onset or the last known well time of the patient. Obtain witness information to include: names, phone numbers, and medications. Then relay the information to the ED. Onset of Stroke symptoms must be within 24 hours to call a Stroke Alert.**

ITEM	INSTRUCTION	R.A.C.E. SCORE
Facial Palsy	Ask the patient to show their teeth: "Smile"	0 – Absent (symmetrical movement) 1 – Mild (slightly asymmetrical) 2 – Moderate to Severe (completely asymmetrical)
Arm Motor Function	Extend the arm of the patient 90 degrees (if sitting) or 45 degree (if supine) palms up	0 – Normal to mild (limb upheld more than 10 seconds) 1 – Moderate (limb upheld less than 10 seconds) 2 – Severe (patient unable to raise arm against gravity)
Leg Motor Function	Extend the leg of the patient 30 degrees (if supine) one leg at a time	0 – Normal to mild (limb upheld more than 5 seconds) 1 – Moderate (limb upheld less than 5 seconds) 2 – Severe (patient unable to raise leg against gravity)
Head and Eye Gaze Deviation	Observe range of motion of eyes and look for head turning to one side.	0 – Absent (normal eye movement to both sides, and no head deviation was observed) 1 – Present (eyes and/or head deviation to one side was observed)
Aphasia **If patient has Right sided weakness**	Ask the patient to follow two verbal orders: "Close your eyes" and "Make a fist"	0 – Normal (performs both tasks correctly) 1 – Moderate (performs one task correctly) 2 – Severe (performs neither task)
Agnosia **If patient has Left sided weakness**	Ask the patient: "Who's arm is this?" when showing him or her the weak arm or "Can you move your arm?"	0 – Normal appropriate or correct answer 1 – Moderate (either does not recognize limb or states that they can move it but can't) 2 – Severe (both of them)
	***Head/Eye Gaze Deviation or if patient is mute and does not follow commands = High likelihood of a large vessel occlusion**	R.A.C.E. SCALE TOTAL: **Max Score of 9**

Only assess Aphasia if the patient has Right sided weakness and only assess Agnosia if the patient has Left sided weakness. You never perform both during this evaluation.

Consider differential diagnosis: **Must check BGL**, Inspect for Head Trauma, Bell's Palsy etc…

ADULT

- ❑ Transport patient in a supine position, unless patient is short of breath or is an interfacility transport with a diagnosis of intracerebral hemorrhage (ICH – see below).
- ❑ 2 Lpm NC regardless of pulse oximetry reading. Increase oxygen therapy as needed.
- ❑ An 18g catheter in the antecubital is preferred.
- ❑ **Normal Saline:** 500mL bolus (Regardless of BP).
- ❑ Complete the Stroke Alert Criteria Check List to determine if patient meets stroke alert criteria.
- ❑ Transport to the closest Primary Stroke Center only if **all** of the following are met:
  - Transport time is greater than 20 minutes to a Comprehensive Stroke Center ***AND***
  - Onset of symptoms is less than 3.5 hours ***AND***
  - The patient is not complaining of a severe headache ***AND***
  - There are no tPA exclusions
- ❑ **All other Stroke Alerts shall be transported to a Comprehensive Stroke Center.**
- ❑ All ***STROKE ALERTS*** shall be transported priority 2.
- ❑ The time of onset is determined to be the time that the patient was last seen to be normal (without stroke signs and symptoms).
- ❑ Any patient who awakens with stroke symptoms or when it is not able to be determined when stroke symptoms began shall be transported to an approved Comprehensive Stroke Center as a stroke alert.

tPA EXCLUSIONS

- Onset of stroke symptoms greater than 3.5 hours
- Seizure prior to stroke symptoms
- Prior stroke or serious head injury within the previous 3 months
- Major Surgery within 14 days
- Known history of intracranial hemorrhage
- Gastrointestinal or urinary tract bleeding within 21 days.
- Patients currently taking blood thinners (Aspirin is not considered a blood thinner).

INTERFACILITY TRANSPORTS WITH ICH (Intracerebral Hemorrhage)

- All patients transported with a diagnosis of intracerebral hemorrhage (ICH) must be transported in a 30 degrees elevation. DO NOT LAY THESE PATIENTS SUPINE.

PEDIATRIC

- ❑ Transport patient in a supine position, unless patient is short of breath.
- ❑ 2 Lpm NC regardless of pulse oximetry reading. Increase oxygen therapy as needed.
- ❑ An appropriately sized IV catheter. The antecubital is the preferred IV access site.
- ❑ **Normal Saline:** 10 mL/kg bolus (max 250 mL) (Regardless of BP).
- ❑ Complete the Stroke Alert Criteria Check List to determine if patient meets stroke alert criteria.
- ❑ Transport All suspected Pediatric Strokes to St. Mary's Comprehensive Stroke Center.
- ❑ All ***STROKE ALERTS*** shall be transported Priority 2.
- ❑ The time of onset is determined to be the time that the patient was last seen to be normal (without stroke signs and symptoms).
- ❑ Any patient who awakens with stroke symptoms or when it is not able to be determined when stroke symptoms began shall be transported to St. Mary's Comprehensive Stroke Center as a stroke alert.

tPA EXCLUSIONS

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- Seizure prior to stroke symptoms
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