

EMERGENCY MEDICAL STROKE ASSESSMENT (EMSA)

E: Eye Movement (Horizontal Gaze)

Is there a gaze deviation to one side? Which side?
Abnormal: Patient is unable to look towards one side compared to the other.

M: Motor – Face, Arm, or Leg Weakness

Facial Weakness – Ask patient to show their teeth or smile.

Abnormal: One side of the face does not move as well as the other

Arm Weakness – Ask patient to hold out both arms, palms up, for 10 seconds with eyes closed.

Abnormal: One arm does not move or drifts down compared to the other

Leg Weakness – Ask patient to lift up one leg and then the other for 5 seconds.

Abnormal: One leg does not move or drifts down compared to the other

SA: Slurred Speech or Aphasia

Naming – Ask patient to name your watch and pen.

Abnormal: Patient slurs words, says the wrong words, or is unable to speak

Repetition – Ask patient to repeat “They heard him speak on the radio last night” after you.

Abnormal: Patient is nonverbal, says the wrong words, or speech is completely unintelligible.

A large vessel occlusion (LVO) should be considered for an EMSA of 4 or greater.



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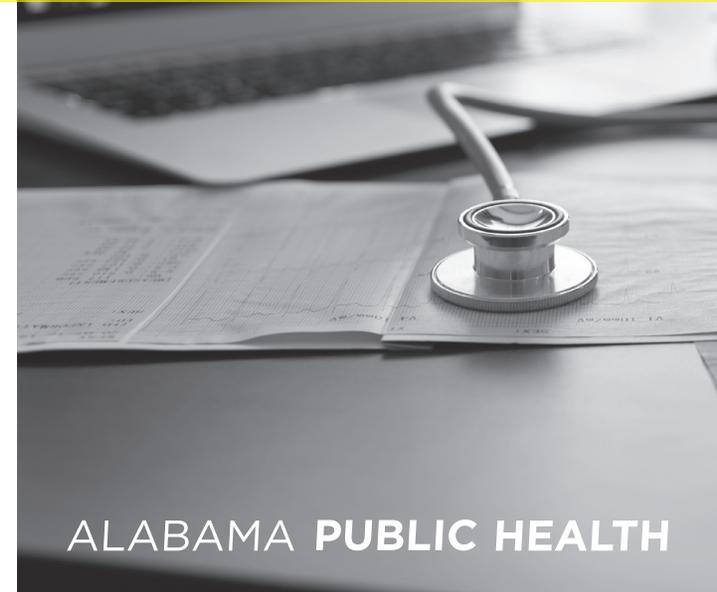
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alabamapublichealth.gov/strokesystem

ALABAMA STROKE SYSTEM



STROKE IS A MEDICAL EMERGENCY!
IF YOU OR SOMEONE YOU KNOW
MAY BE HAVING A STROKE, CALL 911.



ALABAMA PUBLIC HEALTH

STROKE

- Stroke is the fifth leading cause of death in the United States. Stroke caused 162,890 deaths in the United States in 2021 with the highest occurrences in the southeastern region.
- The risk for stroke increases with age, but strokes can and do occur at any age.
- The risk of having a stroke more than doubles each decade after age of 55 with nearly 75 percent of strokes occurring in those 65 and over. (CDC, 2023)
- First-stroke death rates are nearly twice as high for non-Hispanic black adults as for white adults. (CDC, 2023)
- Every 40 seconds, someone in the United States has a stroke. Every 3 minutes and 14 seconds, someone dies of stroke. (CDC, 2023)
- About 87% of all strokes are ischemic, in which blood flow to the brain is blocked.

ADVANCEMENTS IN STROKE CARE

Stroke Centers are specialized hospitals equipped to provide prompt and thorough assessment, resuscitation, definitive care, and administration of tissue plasminogen activator. The Stroke System, in collaboration with Emergency Medical Services Personnel (EMSP) and Alabama Trauma Communications Center (ATCC), has a systematic process in place to facilitate the transfer of stroke patients to comprehensive stroke centers, where further endovascular or neurosurgical interventions can be administered if required to ensure optimal patient care.

ALABAMA STATEWIDE STROKE SYSTEM

In October 2017, the Alabama Statewide Stroke System was launched to improve access to specialized care for patients experiencing a stroke or suspected stroke. Because stroke treatment is highly time-sensitive, rapid evaluation and intervention are essential to

improving patient outcomes. For many years, tissue plasminogen activator (tPA, Activase™) was the only approved treatment for acute ischemic stroke (AIS). In March 2025, Tenecteplase (TNK) was approved by the U.S. Food and Drug Administration (FDA) as an additional treatment option for AIS.

To improve timely access to these life-saving treatments, stroke patients entered into the Alabama Statewide Stroke System are routed by ATCC to the closest available stroke center that can provide care based on EMSP-reported EMSA findings. This coordinated approach helps ensure that eligible patients receive time-sensitive therapy that can reverse or significantly reduce the effects of stroke.

HOSPITAL PARTICIPATION

- Hospital participation is completely voluntary.
- Hospitals are reviewed and designated for the level of services they can provide.
- Hospitals are reviewed and redesignated every five years to ensure designated criteria is maintained.
- A computer intranet system connects the designated facilities, allowing the ATCC staff to maintain a real-time, 24/7 status of hospitals and resources.
- Hospitals can update their stroke patient resource availability 24/7.
- A quality improvement process monitors all aspects of the system to ensure continuity of care.

STROKE SYSTEM PATIENT ROUTING

- ATCC monitors hospital availability in real time for routing from the field and for interfacility stroke hospital transfers.
- EMSP notifies ATCC of stroke patient entry who will then route patients to the most appropriate available stroke hospital based on EMSA findings and transport times.
- In specific cases, ATCC can also aid in securing ground or air transportation.

	2023	2024	2025
Entered in Stroke System	10,060	10,660	11,080
CONFIRMED STROKE COUNT			
Stroke (Yes)	3,664	3,405	3,152
Stroke (No)	3,808	3,753	3,016
Stroke (UKN)	73	46	89
Total	7,545	7,204	6,257
TYPE			
Ischemic	2,047	1,826	1,665
Hemorrhagic	497	353	314
tPA PERCENTAGE ADMINISTRATION			
tPA Given	516 (25%)	578 (32%)	541 (32%)
Ischemic	2,047	1,826	1,665

Data Source - Alabama Trauma Communications Center - January 1 - December 31, 2025. Data pulled 2/5/2026.

STROKE REGIONS AND STROKE CENTERS

