

EMERGENCY MEDICAL STROKE ASSESSMENT (EMSA)

E: Eye Movement (Horizontal Gaze)

Ask the patient to keep their head still and follow your finger left to right with their eyes. Abnormal: Patient is unable to follow in one direction compared to the other

M: Motor – Face, Arm or Leg Weakness

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

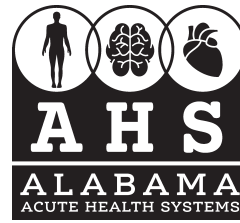
Leg Weakness – Ask patient to lift up one leg and then the other for 5 seconds. Abnormal: One leg does not move or drifts down compared to the other

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 slurs words, says the wrong words, or is unable to speak

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



OEMS AHS STAFF

Jamie Gray, BS, AAS, NRP
State EMS Director

Elwin Crawford, MD, FACEP, NRP
State EMS Medical Director

Alice B. Floyd, BSN, RN, EMT-P
Acute Health Systems Manager

Tabatha Ross, BSN, RN
Stroke Coordinator

Gary Varner, MPH, NRP
Senior Epidemiologist

ALABAMA STROKE SYSTEM

ALABAMA TRAUMA COMMUNICATIONS CENTER

Toll-free emergency: 1.800.359.0123

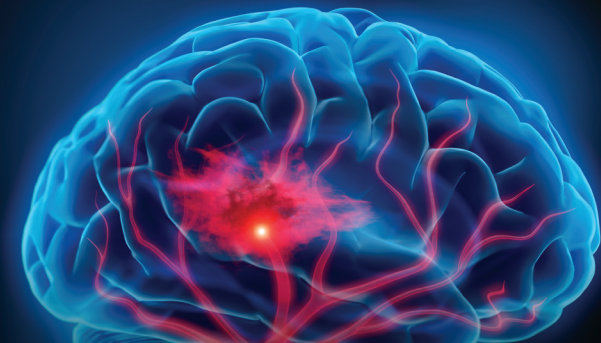
Business: 205.975.2400

OFFICE OF EMERGENCY MEDICAL SERVICES

208 Legends Court, Prattville, AL 36066

334-290-3088

alabamapublichealth.gov/strokesystem



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. Over 143,579 people die each year from stroke in the United States.
- Strokes can—and do—occur at ANY age.
- Nearly three quarters of all strokes occur in people over the age of 65. The risk of having a stroke more than doubles each decade after the age of 55. However, in the southeastern United States the occurrence of stroke at significantly younger ages is not unusual.
- Stroke death rates are higher for African Americans than for whites, even at younger ages. Counties with the highest death rates from stroke are in the southeastern United States. (CDC, 2021)
- On average, every 40 seconds someone in the United States has a stroke. Every 4 minutes, someone dies of stroke. (CDC, 2021)

STROKE CENTERS

Stroke Centers are hospitals that are capable of providing immediate and comprehensive assessment, resuscitation, definitive care, and administration of tissue plasminogen activator. The Stroke System can provide a coordinated transfer of select patients to comprehensive stroke centers for further endovascular or neurosurgical interventions, if deemed necessary for the care of the patient.

WHO NEEDS A “STROKE SYSTEM”?

The Alabama Stroke System, which was activated statewide in October of 2017, is designed to provide specialized care to patients with actual or a significant probability of stroke. In 1995, tissue plasminogen activator (tPA, Activase®) became the first and only approved treatment for acute ischemic stroke (AIS). Because tPA has to be administered within the first few hours of AIS onset, delivering

this treatment to patients who qualify within the established time limits is challenging. To overcome this problem, development of a statewide plan to route these stroke patients to the closest facility that can make this treatment available to eligible patients as rapidly as possible is of paramount importance.

ALABAMA STROKE PLAN

- Participation by hospitals is completely voluntary.
- Hospitals are inspected and designated for the level of services they can provide.
- Facilities are connected via a computer intranet system and Alabama Trauma Communications Center (ATCC) staff maintains up-to-the-minute status of hospitals and resources 24/7.
- Hospitals have the ability to update their stroke patient resource availability through the computer system.
- All facets of the system are monitored by a quality improvement process to ensure appropriate patient care.

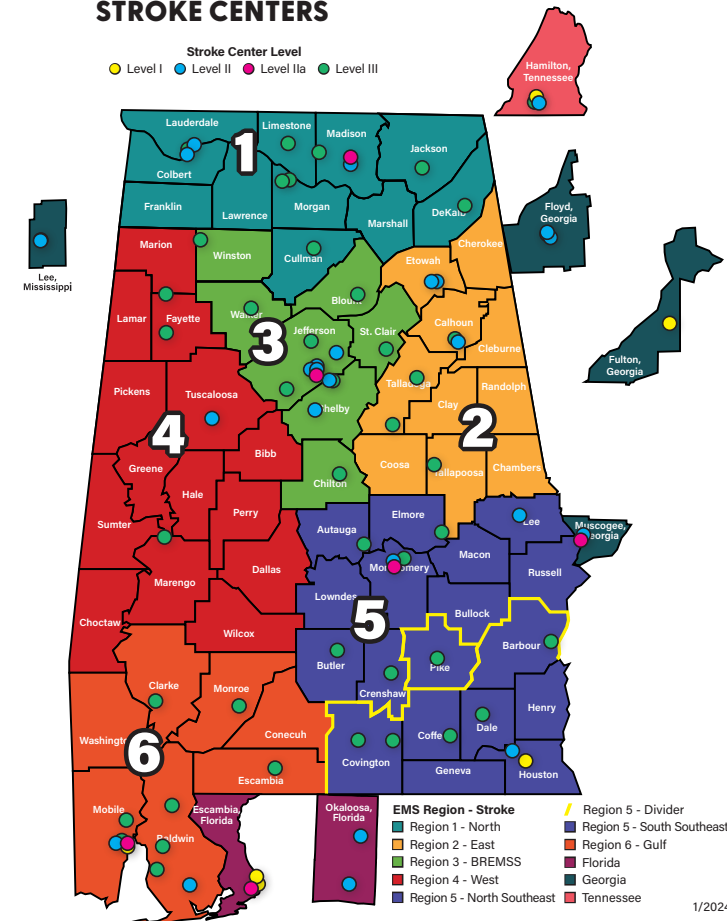
STROKE SYSTEM PATIENT ROUTING

- Each participating hospital is connected to the ATCC so that there is constant monitoring of the status of all hospitals.
- When a patient needs the stroke system, EMSP will call the ATCC, who will then route the patient to the nearest available stroke center depending on available stroke resources at that time.
- Transportation (air or ground) can be arranged by the ATCC depending on the circumstances.
- Transfer of patients from any local hospitals to the appropriate stroke center will also be coordinated by the ATCC.

	2020	2021	2022
Entered in Stroke System	8,290	9,213	9,634
CONFIRMED STROKE COUNT			
Stroke (Yes)	2,870	2,928	3,016
Stroke (No)	2,719	2,992	3,152
Stroke (UKN)	109	135	89
Total	5,698	6,855	6,257
TYPE			
Ischemic	2,235	2,246	1,985
Hemorrhagic	557	615	475
tPA PERCENTAGE ADMINISTRATION			
tPA Given	506 (23%)	449 (20%)	465 (23%)
Ischemic	2,235	2,246	1,985

Data Source - Alabama Trauma Communications Center - January 1 - December 31, 2022. Data pulled 4/21/2023.

STROKE REGIONS AND STROKE CENTERS



*Source: Centers for Disease Control and Prevention