

PHYSICAL ASSESSMENT

ACT F.A.S.T.



FACE

DOES ONE SIDE OF THE FACE DROOP?
Ask the person to smile.



ARMS

IS ONE ARM WEAK OR NUMB? Ask the person to raise both arms. Does one arm drift downward?



SPEECH

IS SPEECH SLURRED? Ask the person to repeat a simple sentence. Is the sentence repeated correctly?

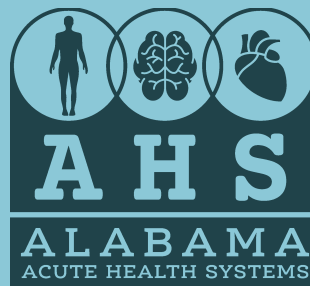


TIME

If the person shows any of these symptoms, **CALL 911** or get to the hospital immediately.

EMERGENCY MEDICAL SERVICES PERSONNEL (EMSP) DISCRETION

- If EMSP are convinced that the patient is likely to have had a stroke, which is not yet obvious, then the patient may be entered into the stroke system.
- EMSP suspicion of stroke may be raised by the following factors (but these situations alone do not constitute reason for stroke system entry):
 1. Signs/Symptoms of stroke occurred and disappeared within a few minutes, even if the patient is presently normal.
 2. Patient is awake with spontaneous inability to remember or understand what is said or to express himself (expressive or receptive aphasia).



OEMS STAFF

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Alabama STROKE System

Alabama Trauma Communications Center
Toll-free emergency: 1.800.359.0123 or
Southern LINC EMS Fleet 55: Talkgroup 10
Or Private 55*380 or Nextel 154*132431*4

Office of Emergency Medical Services
201 Monroe Street, Suite 1100
Montgomery, AL 36104
www.alabamapublichealth.gov/strokesystem/

Statewide Trauma and Health Systems

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.
- On average, every 40 seconds someone in the United States has a stroke.

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

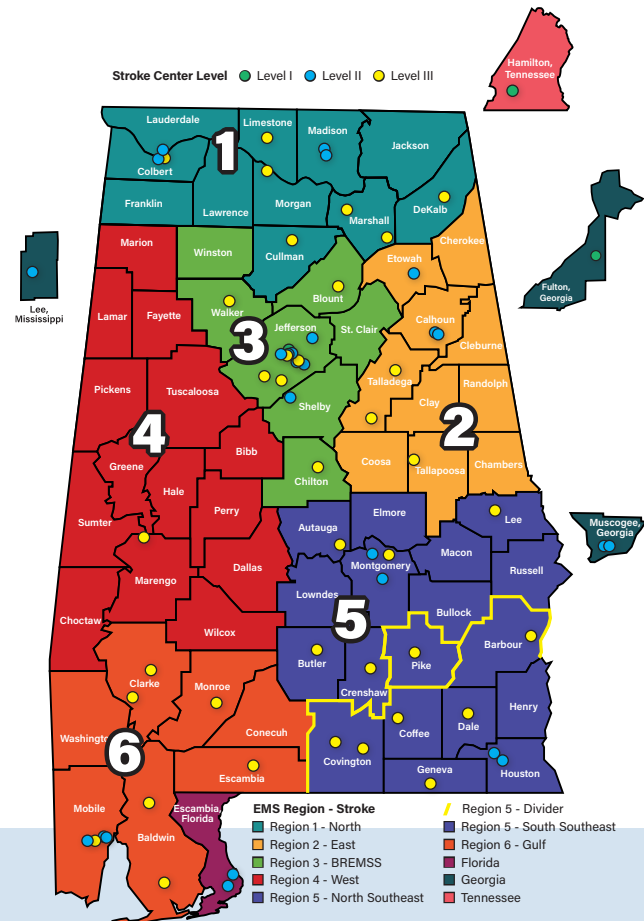
- Participation by hospitals is completely voluntary.
- Hospitals are inspected and designated for the level of services they can provide.
- Facilities are connected via a computer intranet system and Alabama Trauma Communications Center (ATCC) staff maintains up-to-the-minute status of hospitals and 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, EMS will call the ATCC, who will then route the patient to the correct stroke ready hospital, depending on hospital resource availability.
- Transportation (air or ground) will be arranged by the ATCC depending on the circumstances.
- Transfer of patients from local hospitals to the correct stroke center will also be coordinated by the ATCC.

Entered in Stroke System 2017	5,540
CONFIRMED STROKE COUNT	
Stroke (Yes)	1,944
Stroke (No)	2,317
Stroke (UKN)	94
Total	4,355
TYPE	
Ischemic	1,452
Hemorrhagic	404
tPA PERCENTAGE ADMINISTRATION	
tPA Given	370 (25%)
Ischemic	1,452

STROKE REGIONS AND STROKE CENTERS



*Source: Centers for Disease Control and Prevention