



**New Onset of Suspected Stroke Symptoms on Inpatient Units within a Stroke Centre**

Bethesda Regional Health Centre       Boundary Trails Health Centre       Portage District General Hospital)

Goal: Completion of Stroke Protocol/Care Map within 15 minutes (Initial Symptoms → Transfer = 15 minutes)

Immediate Assessment and Actions			Time	Initials
<b>■ Assess Circulation, Airway, Breathing (CAB) –</b> If compromised, follow <i>Code 25</i> (CLI.4510.PL.003) policy.				
<b>■ Complete the Cincinnati Stroke Scale (CSS)</b>				
Assess	Normal	Abnormal		
<b>Facial Droop</b> Have the client show their teeth or smile	<input type="checkbox"/> Both sides of face move easily	<input type="checkbox"/> One side of face does not move at all		
<b>Arm Drift</b> Have the client close their eyes and hold their arms straight out in front of them for 10 seconds	<input type="checkbox"/> Both arms move equally or not at all	<input type="checkbox"/> One arm drifts compared to the other		
<b>Speech</b> Have the client say: "You cannot teach an old dog new tricks"	<input type="checkbox"/> Client uses correct words with no slurring	<input type="checkbox"/> Slurred or inappropriate words or mute		
<b>Vital Signs:</b>  T _____ P _____ R _____ B/P (R) _____ (L) _____ SpO <sub>2</sub> _____  ■ Blood Glucose Check _____ mmol/L. ■ Keep SpO <sub>2</sub> between 94% and 98%. ■ Page 3 times overhead "Code 25 Stroke, Room _____"				
<b>■ Follow algorithm on page 2.</b>				

New Onset of Suspected Stroke Symptoms on Inpatient Units within a Stroke Centre

