

## ■ Neurologic Emergencies

### Stroke

**Scenario:** You are called to an assisted-living facility for a man having difficulty speaking. His daughter came to visit and noticed that her father's face was "droopy" on the right side and that his speech was garbled. She called 9-1-1 ten minutes after her arrival.

#### Prerival Questions

1. What is the proper term for difficulty speaking?
2. What are possible causes for the patient's difficulty speaking?

Scene safe	Yes
Body substance isolation	Gloves, eyewear
Nature of illness	Unknown at this time
Number of patients	One
Additional help	Dispatched-ALS
C-spine stabilization	No
General impression	62-year-old man; unknown problem

#### Assessment Questions

3. What are the three components of the Cincinnati Stroke Scale?
4. Why is this patient at risk for having difficulty maintaining his airway?

Level of consciousness	Responsive, but speech is slurred
Chief complaint	Difficulty speaking
Airway	Open
Breathing	20 breaths/min Symmetrical rise and fall of the chest
Circulation	Radial pulses strong and equal
Skin color, temperature, and condition	Warm, dry, and pink
Control of major bleeding	None
Transport decision	High priority
Initial interventions	Oxygen via nonrebreathing mask at 10-15 L/min
Baseline vital signs	Blood pressure-240/120 mm Hg Pulse-62 beats/min Respirations-20 breaths/min SaO <sub>2</sub> -95% on room air
SAMPLE history	S-Difficulty speaking; right-sided facial droop A-Penicillin M-Coumadin, Lopressor P-High blood pressure L-Breakfast, 2 hours ago E-Unknown
OPQRST	O-Unknown P-Not applicable Q-Not applicable R-Not applicable S-Not applicable T-Unknown

Additional information	You note as you perform your exam that the patient also has right-sided weakness. The blood glucose level is 91 mg/dL.
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### Management Question

5. How should you position the patient on the stretcher?

Treatment	Provide oxygen therapy. Position the patient in a semi-Fowler's or Fowler's position for airway protection. Suction the airway as needed. Maintain warmth and reassess vital signs. Transport with head inclined 30 degrees.
Response to treatment	The patient's condition remains unchanged while you await ALS arrival.
Ongoing assessment	Blood pressure—234/122 mm Hg Pulse—65 beats/min Respirations—20 breaths/min SaO <sub>2</sub> —99% on nonrebreathing mask at 15 L/min

**Conclusion:** The patient is transported to the area hospital that provides specialized care for stroke patients. A computed tomographic (CT) scan shows evidence of an ischemic stroke. Because the time of onset of symptoms is not known, the patient is not a candidate for thrombolytic therapy. He is admitted to the hospital's stroke unit, where he will stay until he is stable enough to be transferred to a rehabilitation facility.