PROTOCOL APPENDICES

APPENDIX Q: STROKE PATIENT ASSESSMENT TRIAGE AND TRANSPORTATION 1. NYC S-LAMS Scale

NYC S-LAMS			
Element	Finding	Score	
Facial Droop	Absent	0	
	Present	1	
Arm Drift	Absent	0	
	Drifts Down	1	
	Falls Rapidly	2	
Speech Deficit	Absent	0	
	Present	1	
Grip Strength	Normal	0	
	Weak Grip	1	
	No Grip	2	
Total Score		0 → 6	

- A. For patients exhibiting signs and symptoms of a stroke (CVA), utilize the NYC S-LAMS Stroke Scale:
 - 1) Assess for $\underline{\textit{Facial Droop}}$ have the patient show teeth or smile

Absent – if both sides of the face move equally, the score is **0**

 $\underline{\text{Present}}$ – if one side of the face does not move as well as the other, the score is $\mathbf{1}$

 Assess for <u>Arm Drift</u> – have the patient close eyes and hold both arms straight out with palms facing up for 10 seconds

Absent – if both arms remain up or move the same, the score is 0

<u>Drifts down</u> – if one arm drifts slowly down compared to the other arm, the score is **1** <u>Falls rapidly</u> – if one arm falls rapidly, the score is **2**

Assess for <u>Speech Deficit</u> – have the patient say a simple sentence, for example, "you can't teach an old dog new tricks"

Normal – if the patient uses correct words with no speech slurring, the score is **0**Present – if the patient slurs words, uses the wrong words, or is unable to speak, the score is **1**

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4) Assess for hand <u>Grip Strength</u> – have the patient hold both of your hands and squeeze them at same time

Normal – if they squeeze both hands equally, the score is **0**Weak grip – if one hand has a weaker grip than the other, the score is **1**No grip – if one hand does not grip at all, the score is **2**

- B. Document the scores for each of the four S-LAMS elements and the total score in the PCR narrative (or PCR pre-assigned fields, if available).
- C. If any of the elements of the NYC S-LAMS Stroke Scale are positive, establish onset of signs and symptoms, and document in the PCR, by asking the following:
 - To patient "When was the last time you remember before you became weak, paralyzed, or unable to speak clearly?"

And / or

2) To family or bystander – "When was the last time you remember before the patient became weak, paralyzed, or unable to speak clearly?"

Or

3) If the patient woke with the deficit, the time of onset is the time patient went to sleep.

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2. Stroke Exclusion Criteria for NYC S-LAMS ≥ 4

If any of the criteria to the right are present on a patient with NYC S-LAMS score ≥ 4, transport should be to the closest appropriate New York City 911 system ambulance Primary Stroke Center

Total time from onset of patient's symptoms to EMS patient contact is greater than 5 (five) hours

Patient is wheelchair or bed-bound

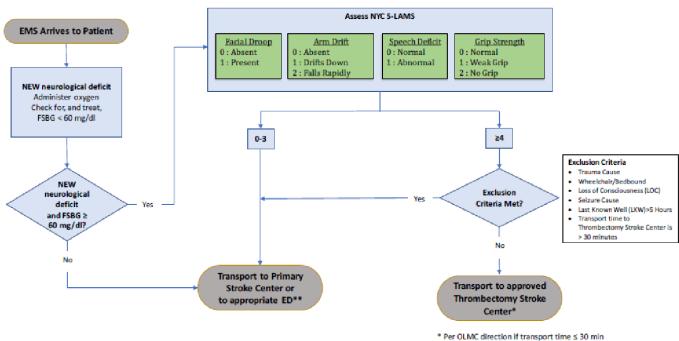
Seizure is cause of symptoms

Loss of Consciousness (LOC)

Trauma is cause of symptoms

Transport time to Thrombectomy Stroke Center is > 30 minutes

Stroke Triage & Transportation Algorithm



^{**} e.g., trauma, treated hypoglycemia with resolved symptoms

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APPENDIX R: THROMBECTOMY STROKE CENTER DESTINATIONS

NYC Thrombectomy Stroke Centers as of August 22, 2019

BROOKLYN
Brookdale Hospital and Medical Center
 Kings County / NYC Health + Hospitals
Maimonides Medical Center
New York Presbyterian/Brooklyn Methodist Hospital
NYU Langone Hospital - Brooklyn
BRONX
BronxCare Hospital Center
Jacobi / NYC Health + Hospitals
Montefiore Medical Center (Moses Division)
QUEENS
Jamaica Hospital Center
Mount Sinai Queens Hospital
New York Presbyterian/Queens
MANHATTAN
Bellevue / NYC Health + Hospitals
Lenox Hill Hospital
Mount Sinai Beth Israel
Mount Sinai Hospital
Mount Sinai West
New York Presbyterian/Columbia
New York Presbyterian/Cornell
NYU Langone Tisch Hospital
STATEN ISLAND
Staten Island University Hospital – North
NASSAU

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North Shore University Hospital