

Stroke Services BC Position Statement

Date of Decision: October 2017

Anticipated Date of Review: October 2019

Topic: Paramedic screening for stroke

Summary Recommendation: All BC EHS paramedics will use FAST-VAN as the in-field stroke screening tool

Context for Change:

A wide variety of stroke screening tools were found to be in use across BC. With the introduction of endovascular therapy in stroke standard of care and the clear communication benefit of one screening tool being used consistently, the decision was made to switch all paramedics to the use of the FAST-VAN in-field stroke screen.

Description:

FAST (Face, Arm, Speech, Time) is the public awareness message for stroke and Face/Arm/Speech provides a handy screen for stroke that can be used in the field by paramedics. Paramedics were already using FAST as their stroke screen and it is communicated to the public on the side of every ambulance in BC. The addition of VAN (Vision, Aphasia, Neglect) further supports paramedics in the early identification of potential large vessel strokes that can inform decision making about transport and assessment.

Evidence:

The Canadian Stroke Best Practice Recommendations recommend that “EHS personnel should use a standardized acute stroke out-of-hospital diagnostic screening tool as part of on-scene assessment” (www.strokebestpractices.ca). FAST has been used as a pre-hospital screen for some time and is favoured for its relative simplicity and ease of assessment. The addition of VAN can help to identify patients most likely to be having a large-vessel occlusion¹, which can inform decision making about transport and team assembly in order to reduce time to treatment. A variety of pre-hospital screening tools exist, each with their advantages and disadvantages. The hyperacute focus table reviewed the sensitivity and specificity of a number of tools in order to make this decision.

¹ Taleb et al (2016). Stroke Vision, Aphasia, Neglect (VAN) assessment – a novel emergent large vessel occlusion screening tool: pilot study and comparison with current clinical severity indices. *Journal of Neurointerventional Surgery*. Published online on 17 Feb 2016. Available at <http://jn.is.bmj.com>.

Approved by:

- SSBC Hyperacute Focus Table
- Provincial Stroke Steering Committee
- EHS Stroke Committees

Considerations:

This recommendation is aimed at BC EHS paramedics. It would be beneficial for emergency department staff to at least have some awareness of FAST-VAN, and ideally to use the same tool for their own screening purposes, to support communication when EHS pre-notifies hospitals of an incoming person with stroke. Radiology departments may also consider actions such as pre-notifying a CT technician if a hot-stroke patient is en route, in particular if the technician is on-call and not in the hospital. The roll-out of this new screening tool should be accompanied by a review of local bypass and transport protocols and policies for stroke.

For questions, please contact:

Katie White, Manager, Stroke Services BC Katie.white@phsa.ca

Sandra Jennesson, Regional Medical Director, Medical Programs, BC EHS, Sandra.Jennesson@bcehs.ca

Attachments (click to open):

BC EHS FAST-VAN Pocket Card



BCEHS FAST-VAN
Pocket Card- FINAL.p