2022 CITY OF FARGO 911 RESPONSE DATA

SANFORD AMBULANCE

SANFORD HEALTH

OUR FAMILY

136 Team Members
123 Patient Care Providers

3
Dual
Certified

ACCREDITATION

CARDIAC & STROKE CARE

American Heart Association. Mission:Lifeline® EMS

2022 Mission: Lifeline® EMS Recognition

The American Heart Association proudly recognizes

Sanford Ambulance
Fargo, ND

American Heart Association. 2022 Mission: Lifeline® GOLD PLUS EMS

Mission: Lifeline®-EMS – GOLD PLUS
Achievement Award

The American Heart Association/American Stroke Associations recognizes this EMS provider organization for demonstrating continued success in using the **Mission Lifeline®** program. Thank you for applying the most up-to-date evidence-based treatment guidelines to improve patient care and outcomes in the community you serve.*

Nancy Brown
Chief Executive Officer
American Heart Association

Donald M. Lloyd-Jones, MD, ScM, FAHA
President
American Heart Association

*For more information, please visit Heart.org/MissionLifeline

STROKE SCREENING TOOLS:

BE FAST and FAST-ED

START HERE ↓ Is the patient having a stroke?	✓ Check if yes	
Balance • *Perform bilateral index finger-to-nose test and bilateral heel-to-shin test* • Does the patient have sudden loss of balance or coordination, trouble walking or dizziness?		B
Eyes • *Assess 4 quadrants of visual field by having patient locate your index finger.* • Does the patient have trouble seeing out of one or both eyes or sudden double vision?		E
Face • *Ask the patient to smile or show their teeth.* • Does the patient's face look uneven, have sudden drooping or numbness on one side?		F
Arms • *Ask the patient to raise and extend both arms with their palms up.* • Does one arm drift downward? • Does the patient have sudden numbness or weakness of the arm on one side of the body?		A
Speech • *Ask the patient to say, "You can't teach an old dog new tricks".* • Does the patient have slurred speech, trouble speaking, understanding or seem confused?		S
Time • What time did the symptoms start? ___:___ • What time was the patient last known well (last appear normal)? ___:___		T
Glucose level = _____		

If these criteria are met, the patient qualifies for a stroke alert:
- Patient received one or more check marks (✓); and
- Glucose is over 80 mg/dl; and
- Last known well time is under 4.5 hours

BEFORE you request a stroke alert, obtain a FAST-ED score to see if the patient is having symptoms indicative of a large-vessel occlusion.
- If glucose is < 80, treat and then reassess BE FAST
- If last known well is > 4.5 hours, obtain a FAST-ED score to see if they qualify for other treatment

Remember:
- *Minimize scene time as much as possible.*
- *Severe headache with no known cause may be a sign of a hemorrhagic stroke. Continue your assessment but be sure to report the headache to the receiving hospital.*
- *It is important to rule out seizure activity with the onset of symptoms.*

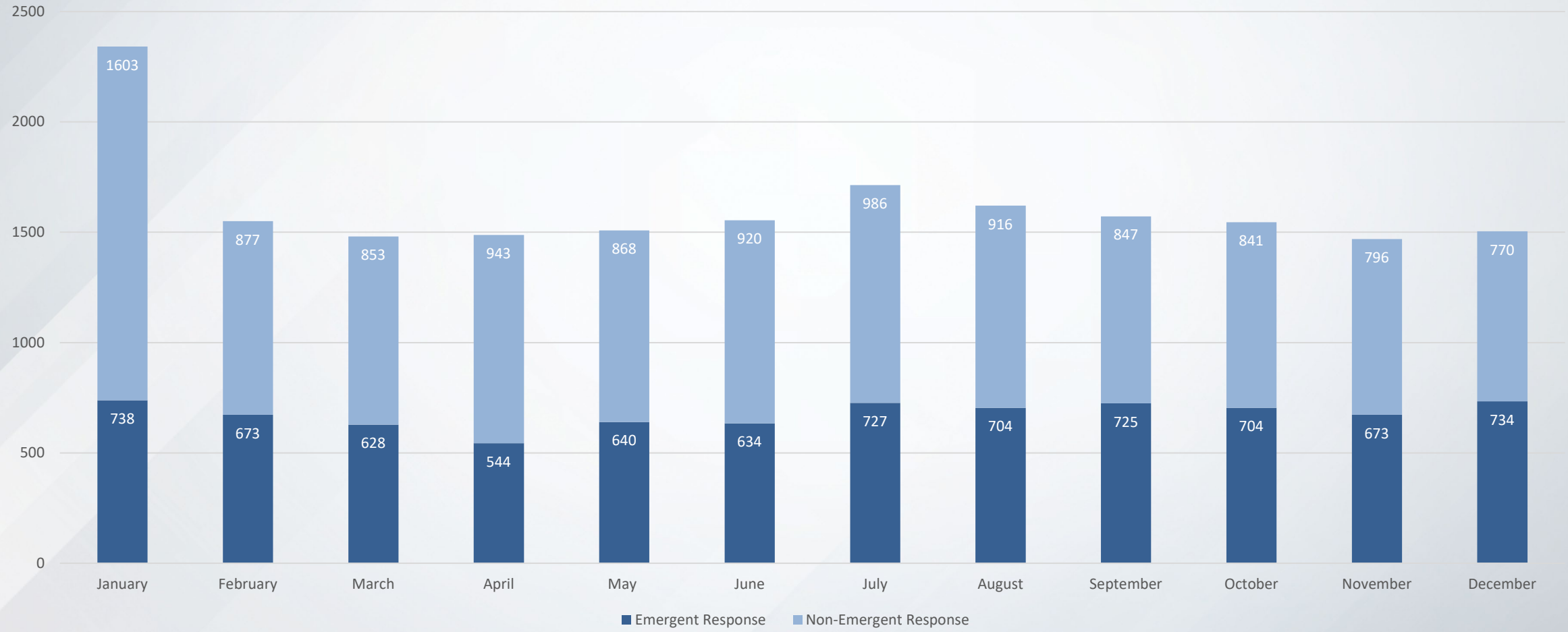
ANY POSITIVE *BE FAST* FINDINGS? ↓ Are their symptoms indicative of a large vessel stroke?		Score (Circle)
Ask if the patient is on any anticoagulant medications, such as: • Coumadin/Warfarin • Xarelto/Rivaroxaban • Pradaxa/Dabigatran • Savaysa/Edoxaban • Eliquis/Apixaban • Heparin/Enoxaparin **Time anticoagulant last taken:** • Any other anticoagulants? (please list):		
F	**Facial Palsy** *(ask the patient to show their teeth or smile)* • Both sides of the face move equally or not at all • One side of the face droops or is clearly asymmetric	Score: 0 1
A	**Arm Weakness** *(with eyes closed, ask patient to hold arms out with their palms up and hold them there for 10 seconds)* • Both arms remain up for > seconds or slowly move down equally • Patient can raise arms but one arm drifts down in < 10 seconds • One or both arms fall rapidly, can't be lifted, or no movement occurs at all	Score: 0 1 2
S	**Speech Changes** *Expressive Aphasia* - ask the patient to name 3 common items • Names 2 to 3 items correctly • Names 0 to 1 item correctly *Receptive Aphasia* - ask the patient to perform a simple command (Example: "show me two fingers") • Normal - patient can follow the simple command • Unable to follow the simple command	Score: 0 1 0 1
T	**Time** • What time did the symptoms start? ⟶ • What time was the patient last known well (last appear normal)?	___:___ ___:___
E	**Eye Deviation** • No deviation; eyes move equally to both sides • Patient has clear difficulty when looking to one side (left or right) • Eyes are deviated to one side and do not move to the other side	Score: 0 1 2
D	**Denial/Neglect** *Denial* - show the patient their affected arm and ask, "Do you feel weakness in this arm?" • Patient **recognizes** the weakness in their weak arm • Patient **does NOT recognize** the weakness in their weak arm *Neglect* - show the patient their affected arm and ask, "Whose arm is this?" • Patient **recognizes** their weak arm • Patient **does NOT recognize** their weak arm	Score: 0 1 0 1
TOTAL FAST-ED SCORE ⟶		

When to call a STROKE ALERT:
- **If any symptoms from BE FAST and within 4.5 hours** = call a stroke alert regardless of FAST-ED score
- **If FAST-ED score of 1 - 3 and within 4.5 hours** = call a stroke alert
- **If FAST-ED score ≥ 4 and within 24 hours** = call stroke alert and discuss with stroke-ready hospital if the patient should be taken to a thrombectomy capable stroke center.
- **If symptoms on BE FAST or FAST-ED score of 1 - 3 and outside of 4.5 hours** = discuss with receiving facility
- **If score ≥ 4 and outside of 24 hours** = Discuss with receiving facility

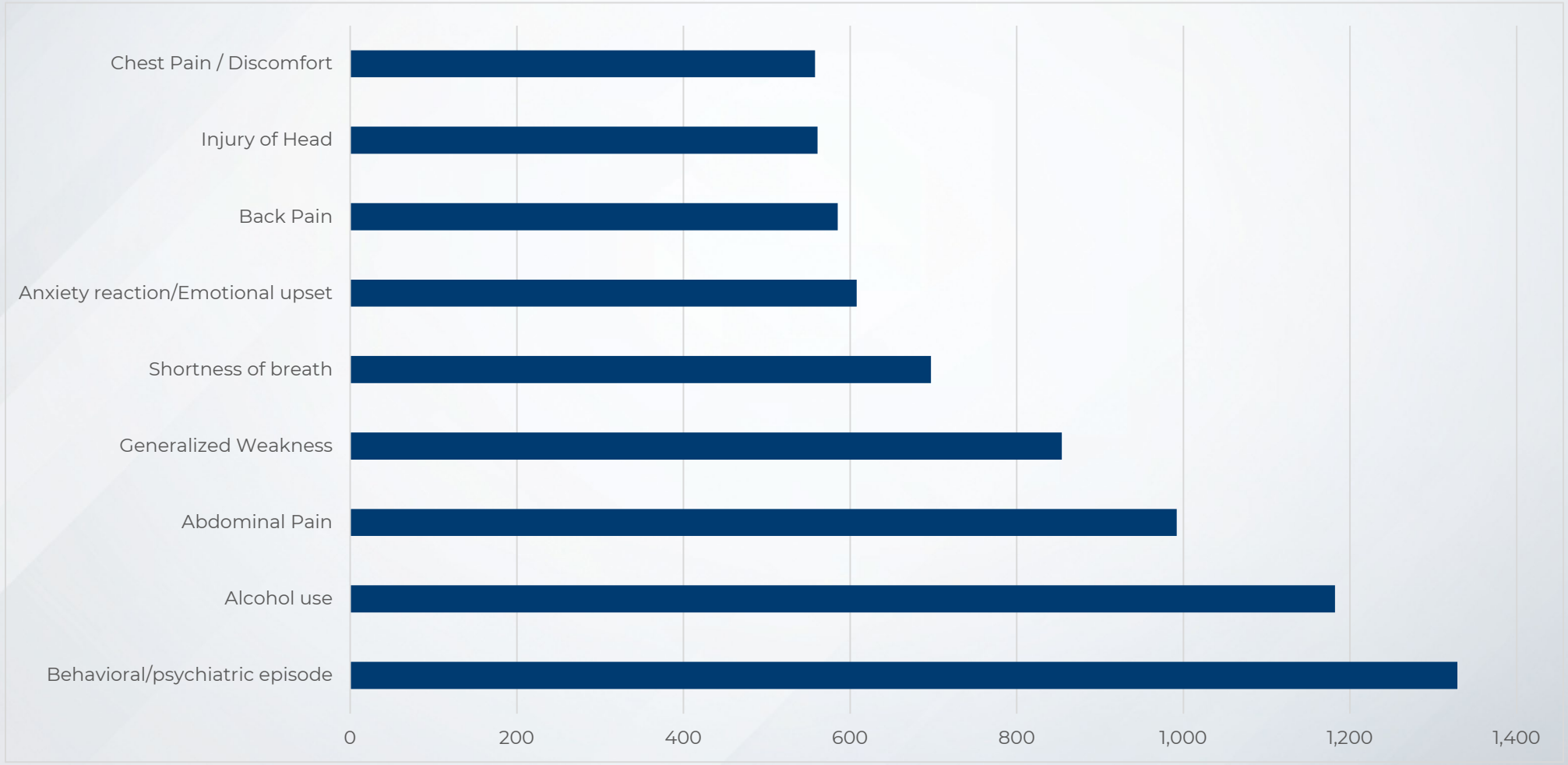
IMPORTANT PATIENT DEMOGRAPHICS

Patient Name: _____ **Patient DOB:** _____
Emergency Contact Name: _____ **Emergency Contact Phone:** _____
Medical History: _____
Allergies: _____
Medications: _____
Is this patient on blood thinners? ☐ Yes ☐ No **Incident Date:** _____

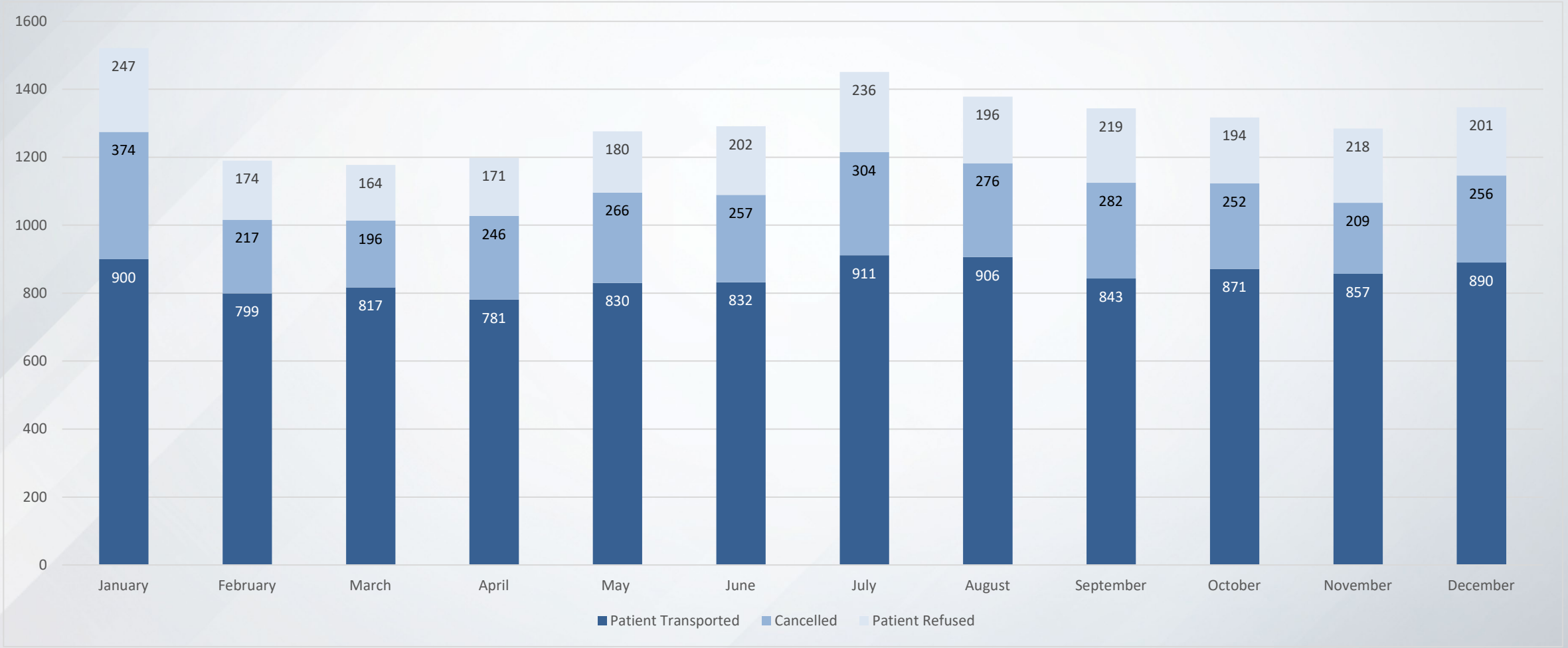
RESPONSE VOLUMES



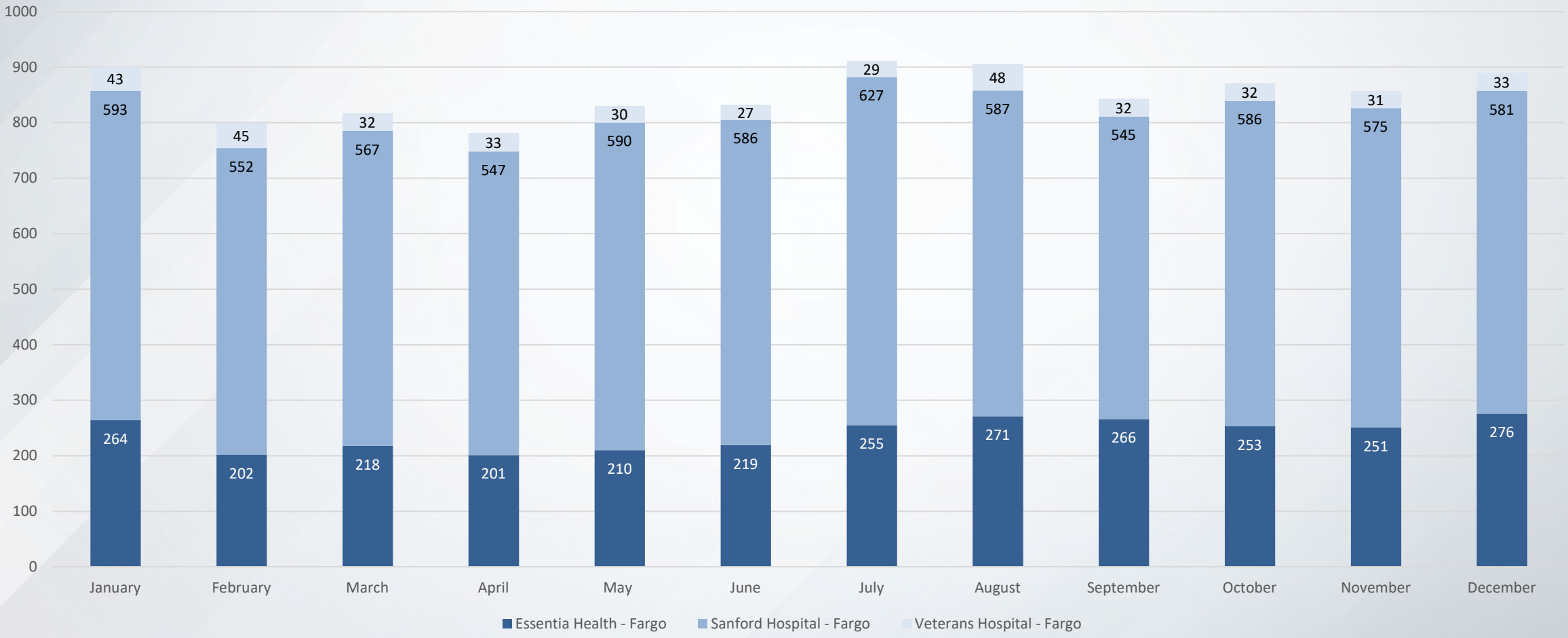
TOP 10 PRIMARY IMPRESSIONS



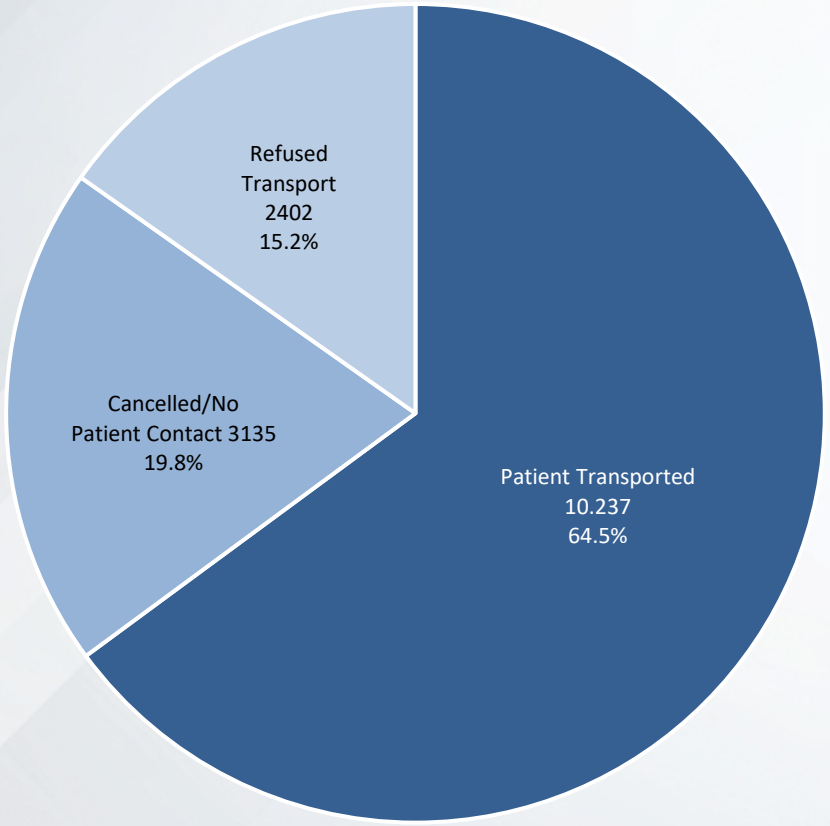
DISPOSITIONS

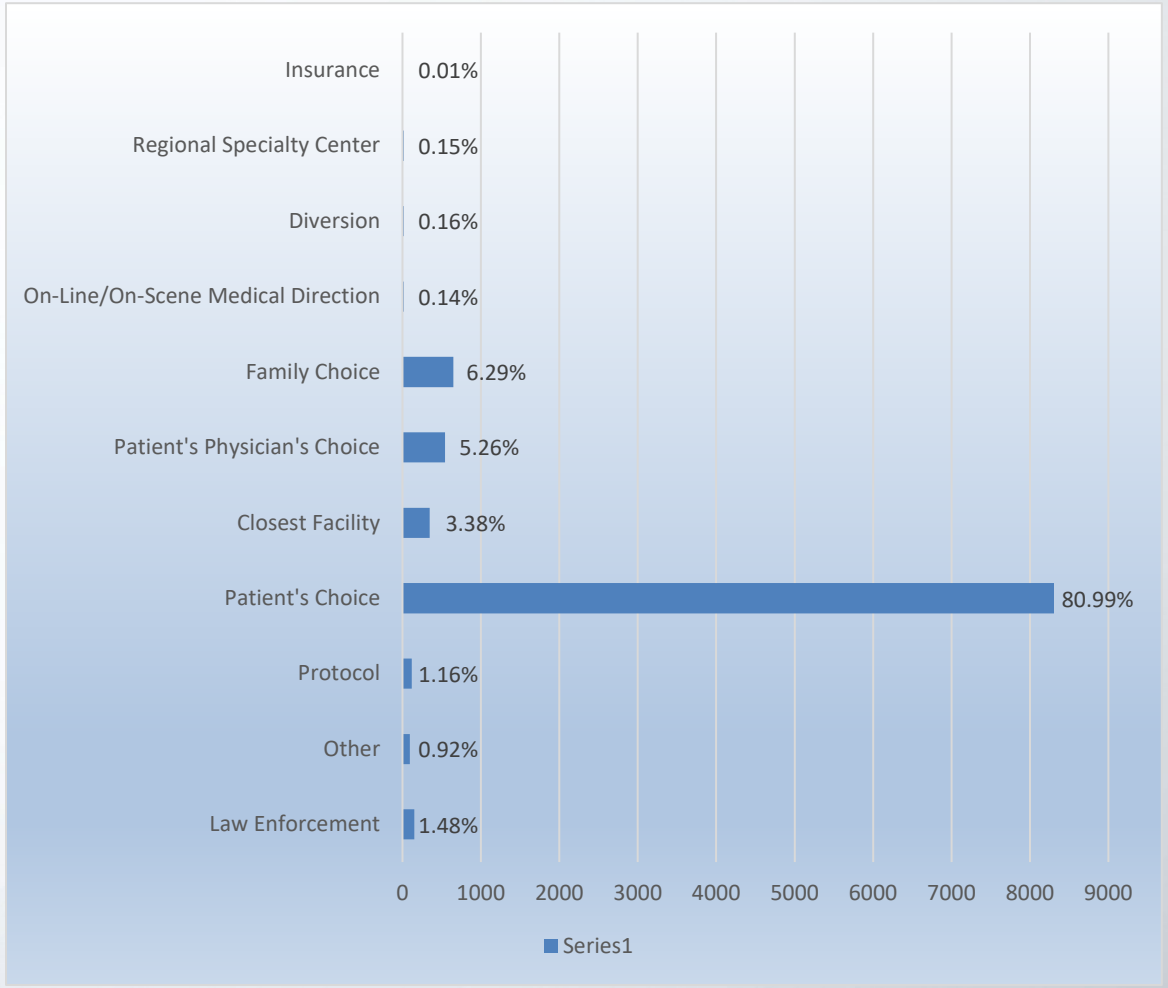


DESTINATIONS

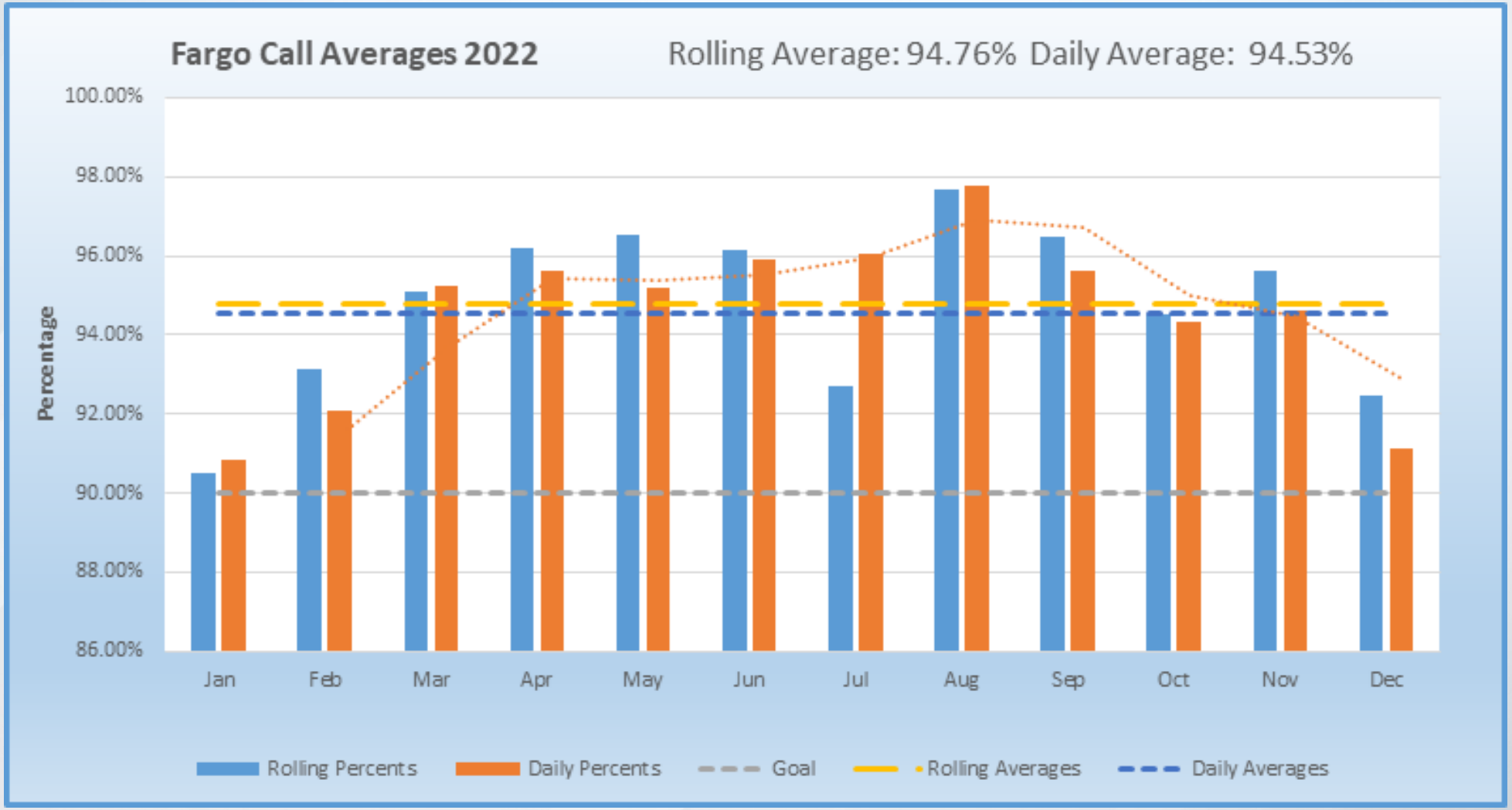


DESTINATION CHOICE

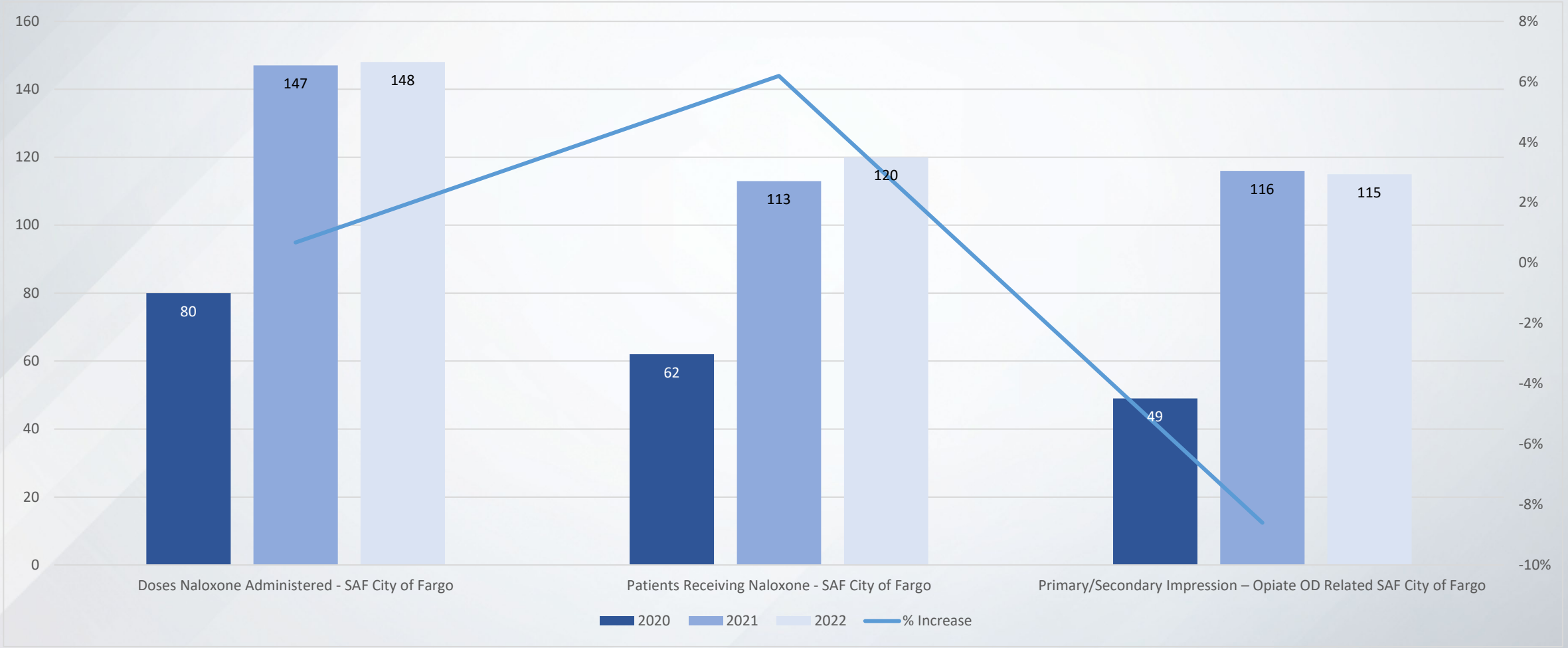




EMERGENT RESPONSE PERFORMANCE



OPIATES & NARCAN



THANK YOU