

RACE

RAPID ARTERIAL OCCLUSION EVALUATION SCALE

PATIENT REPORT TO ED – KEY ITEMS¹

- Patients' age, sex, weight
- Mechanism of injury or medical problem
- Chief complaint with brief history of present illness
- Associated symptoms
- Past medical history
- Vital signs
- Level of consciousness
- General appearance, distress, cardiac rhythm
- Interventions by EMS (IV, medication administration)
- ETA (the more critical the patient, the earlier you need to notify the receiving facility)

Always follow your state, local or EMS agency/medical directors' protocols.

EMS RACE Stroke Scale - Rapid Arterial occlusion Evaluation Scale, used to predict large cerebral arterial occlusions.*

| ITEM | INSTRUCTION | | RACE Score |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| FACIAL PALSY | Ask the patient to show their teeth | ABSENT (symmetrical movement) MILD (slightly asymmetrical) MODERATE TO SEVERE (completely asymmetrical) | 0 1 2 |
| ARM MOTOR FUNCTION | Extending the arm of the patient 90 degrees (if sitting) or 45 degrees (if supine) | NORMAL TO MILD (limb upheld more than 10 seconds) MODERATE (limb upheld less than 10 seconds) SEVERE (patient unable to raise arm against gravity) | 0 1 2 |
| LEG MOTOR FUNCTION | Extending the leg of the patient 30 degrees (if supine) | NORMAL TO MILD (limb upheld more than 5 seconds) MODERATE (limb upheld less than 5 seconds) SEVERE (patient unable to raise the leg against gravity) | 0 1 2 |
| HEAD AND GAZE DEVIATION | Observe eyes and cephalic deviation to one side | ABSENT (eye movements to both sides were possible and no cephalic deviation was observed) PRESENT (eyes and cephalic deviation to one side was observed) | 0 1 |
| APHASIA If right hemiparesis | Ask the patient two verbal orders: - "close your eyes" - "make a fist" | NORMAL (performs both tasks correctly) MODERATE (performs one task correctly) SEVERE (performs neither task) | 0 1 2 |
| AGNOSIA If left hemiparesis | Asking: - "Who's arm is this?" while showing him/her the paretic arm (asomatognosia) - "Can you move your arm?" (anosognosia) | NORMAL (no asomatognosia nor anosognosia) MODERATE (asomatognosia or anosognosia) SEVERE (both of them) | 0 1 2 |

* Chart adapted from Perez de la Ossa N, Carrera D, Gorchs M, et al. Design and validation of a prehospital stroke scale to predict large arterial occlusion: the rapid arterial occlusion evaluation scale. Stroke: a journal of cerebral circulation. Jan 2014;45(1):87-91.

RACE SCALE TOTAL:

Any score above a "0" is a "Stroke Alert"

ADDITIONAL INFORMATION

PRE-HOSPITAL MANAGEMENT OF AN ACUTE STROKE²

- Assess the airway, breathing and circulatory status
- Check blood glucose
- Obtain full set of vital signs
- Review patient medications
- Perform 12 lead ECG
- Establish IV access

ACUTE ISCHEMIC STROKE – IV t-PA CONTRAINDICATIONS³

- Active internal bleeding
- Recent intracranial or intraspinal surgery or serious head trauma
- Intracranial conditions that may increase the risk of bleeding
- Bleeding diathesis
- Current severe uncontrolled hypertension
- Current intracranial hemorrhage
- Subarachnoid hemorrhage
- History of recent stroke

1 Campbell S, Robinson MR. Paramedic Lab Manual. Upper Saddle River, N.J.: Pearson Prentice Hall; 2005.

2 Maggioro, W. A. (2012). 'Time is Brain' in Prehospital Stroke Treatment. Journal of Emergency Medical Services, 1-9.

3 Genentech USA, Inc. Highlights of prescribing information, Activase (alteplase for injection, for intravenous use). https://www.gene.com/download/pdf/activase_prescribing.pdf Accessed on April 17, 2018.

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