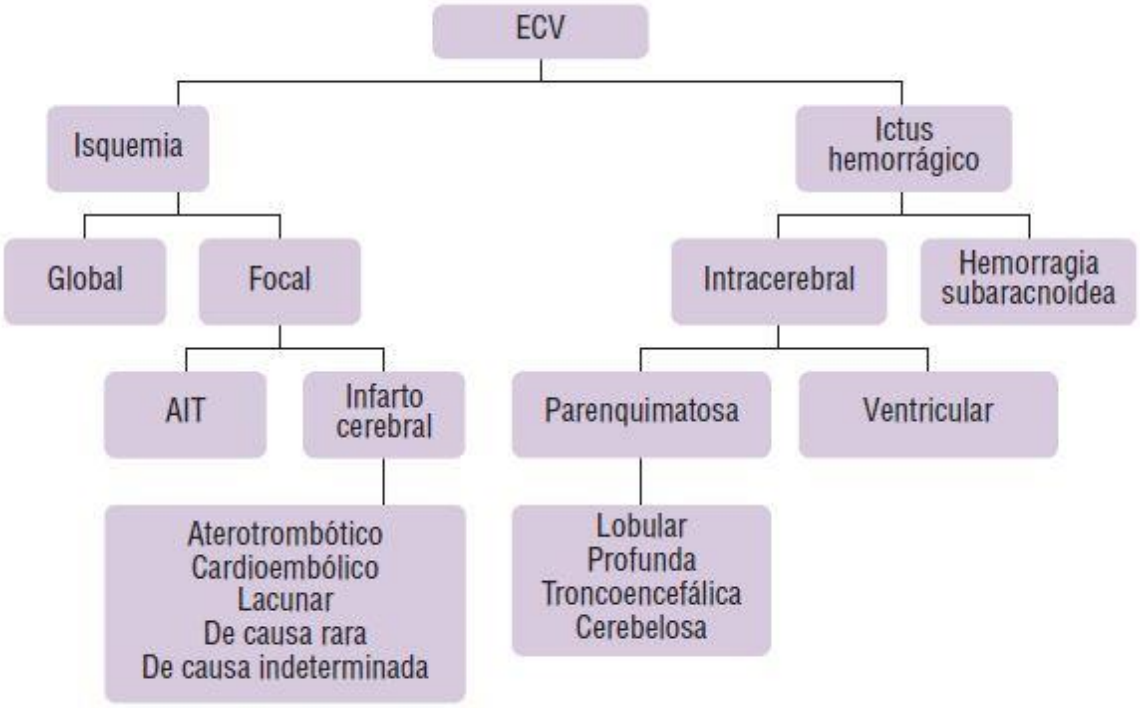
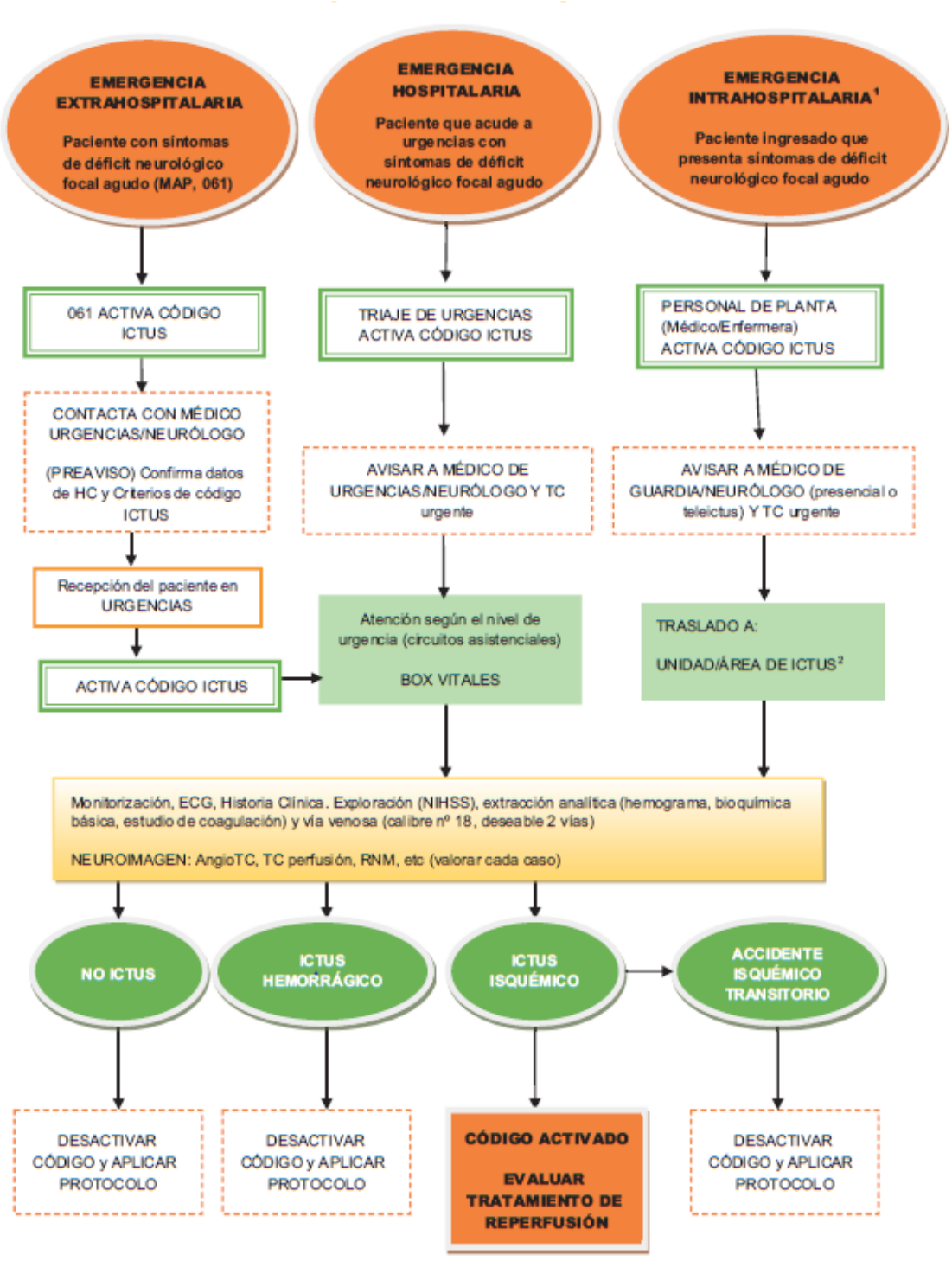
ANEXOS

ANEXO I CLASIFICACIÓN DE LOS TIPOS DE ICTUS



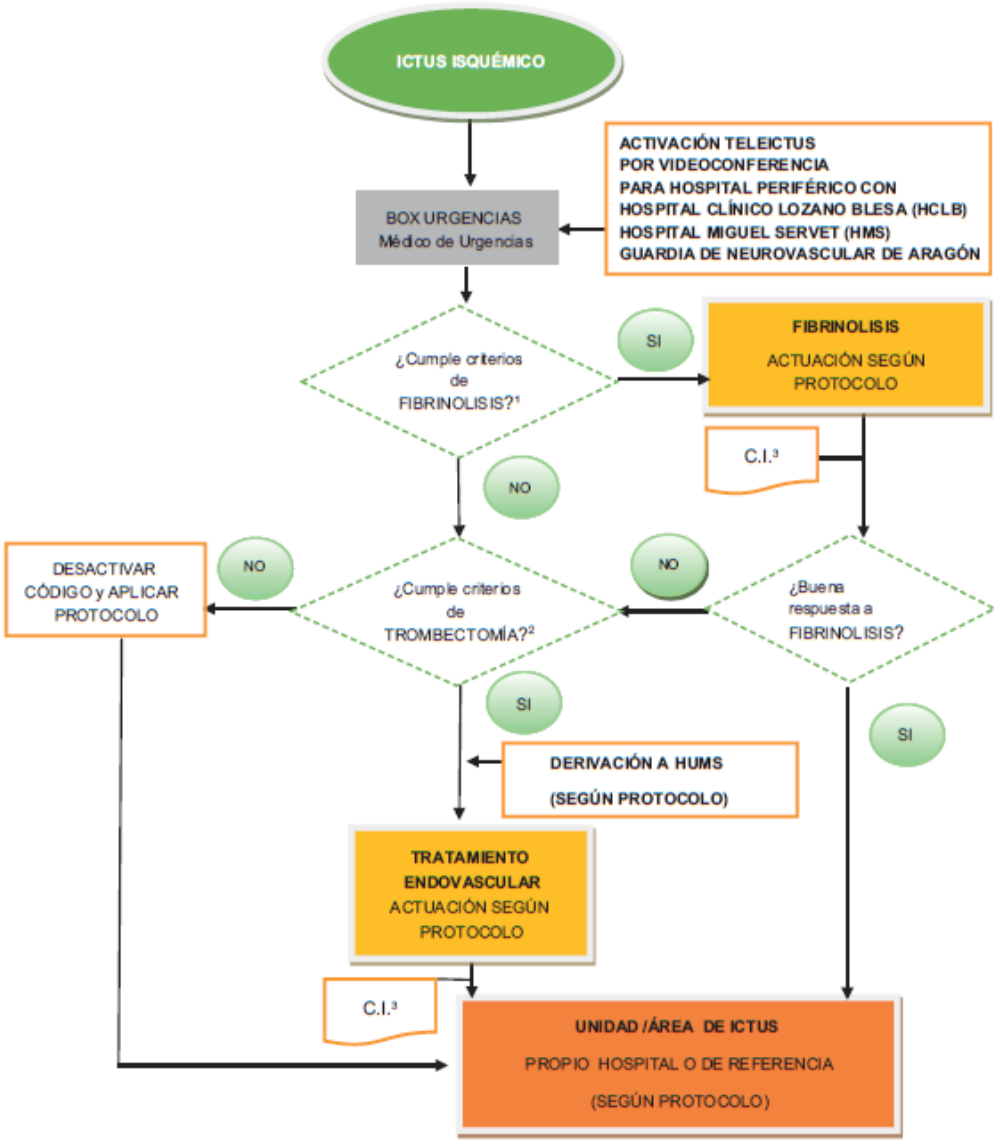
Fuente: A. Arboix, J. Díaz, A. Pérez-Sempere - 2006 - Guía para el diagnóstico y tratamiento del ictus (23)

ANEXO II ACTIVACIÓN DEL CÓDIGO ICTUS EN ARAGÓN



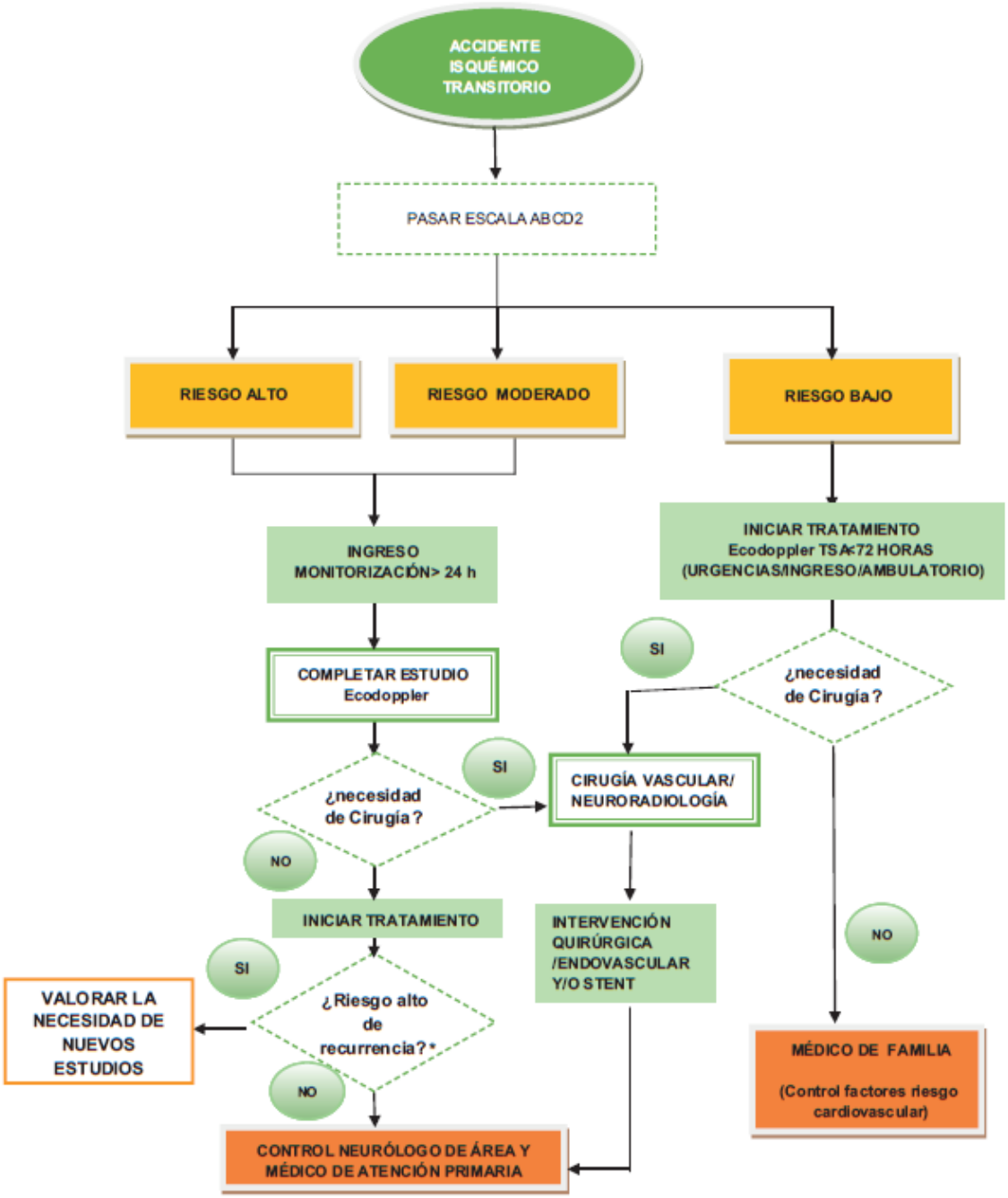
Fuente: Alberti González O., Aragües Bravo J.C., Bestué Cardiel M., Campello Morer I. CAMJ. Plan de Atención al Ictus en Aragón. 2019.a-2022.a ed. Zaragoza: Departamento de Sanidad del Gobierno de Aragón; 2018. 154 p. (40)

ANEXO III ATENCIÓN AL ICTUS ISQUÉMICO EN ARAGÓN



Fuente: Alberti González O., Aragües Bravo J.C., Bestué Cardiel M., Campello Morer I. CAMJ. Plan de Atención al Ictus en Aragón. 2019.a-2022.a ed. Zaragoza: Departamento de Sanidad del Gobierno de Aragón; 2018. 154 p. (45)

ANEXO IV ATENCIÓN AL ICTUS HEMORRÁGICO EN ARAGÓN



Fuente: Alberti González O., Aragües Bravo J.C., Bestué Cardiel M., Campello Morer I. CAMJ. Plan de Atención al Ictus en Aragón. 2019.a-2022.a ed. Zaragoza: Departamento de Sanidad del Gobierno de Aragón; 2018. 154 p. (49)

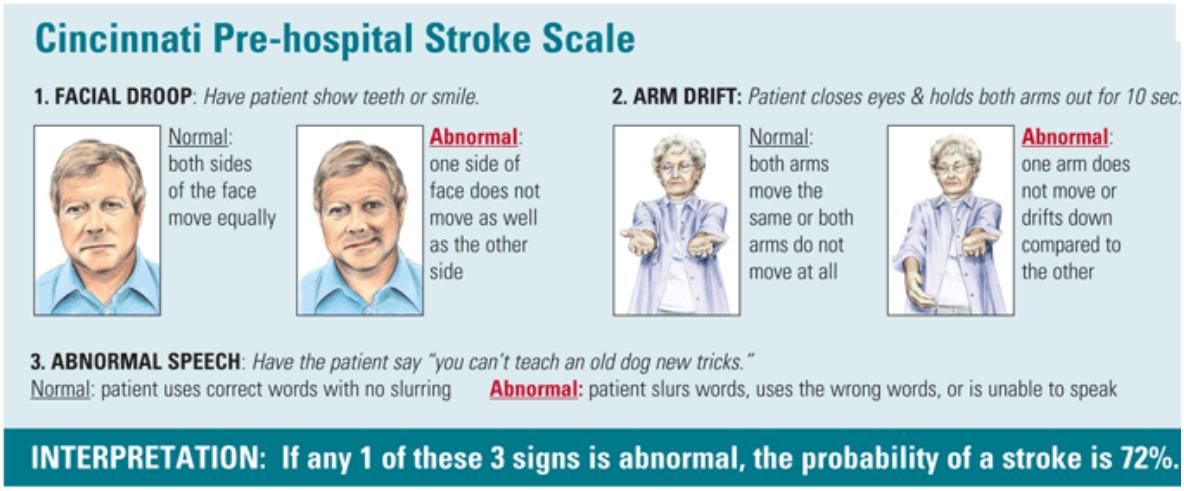
ANEXO V LAS D´S EN LA ATENCIÓN AL PACIENTE CON ICTUS

Table 1. D's of Stroke Care

Detection	Rapid recognition of stroke symptoms
Dispatch	Early activation and dispatch of EMS by calling 9-1-1
Delivery	Rapid EMS identification, management, and transport
Door	Appropriate triage to stroke center
Data	Rapid triage, evaluation, and management within the ED
Decision	Stroke expertise and therapy selection
Drug	Fibrinolytic therapy, intra-arterial strategies
Disposition	Rapid admission to stroke unit, critical care unit

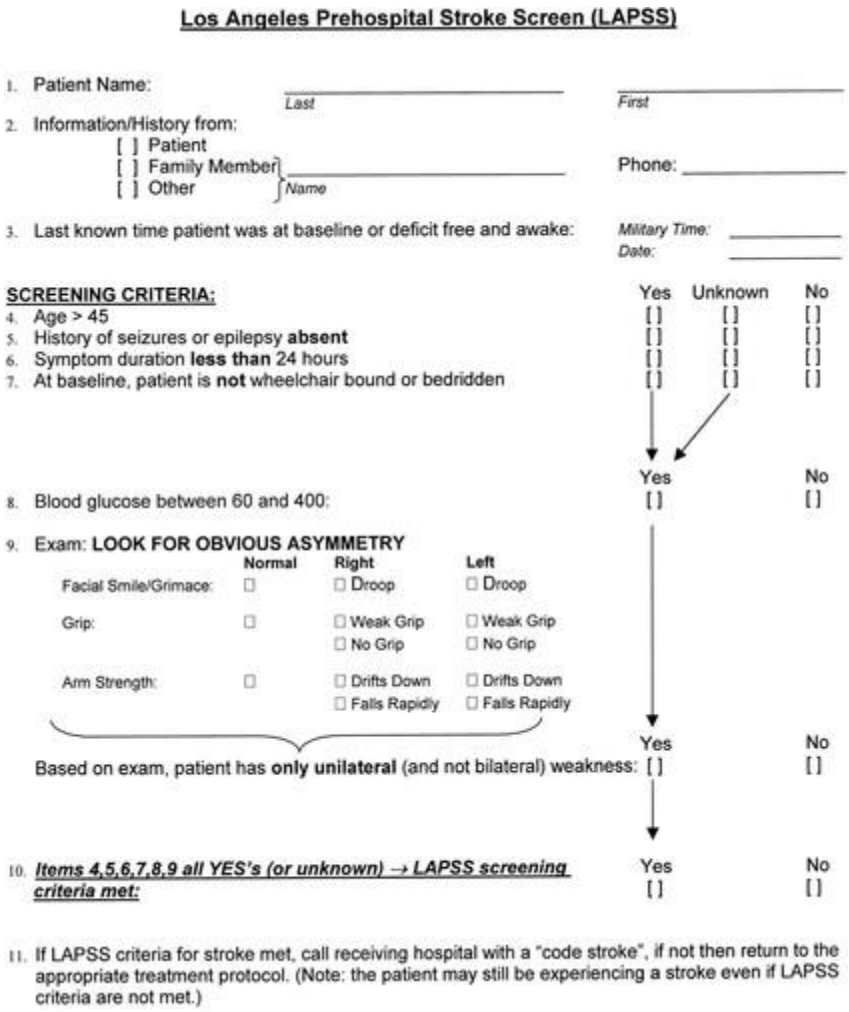
Fuente: Ashcraft S, Wilson SE, Nyström K V., Dusenbury W, Wira CR, Burrus TM. Care of the Patient With Acute Ischemic Stroke (Prehospital and Acute Phase of Care): Update to the 2009 Comprehensive Nursing Care Scientific Statement: A Scientific Statement From the American Heart Association. Stroke. 2021. (2)

ANEXO VI ESCALA PREHOSPITALARIA DE CINCINNATI



Fuente: Cinncinati Prehospital Stroke Scale [Internet]. 2015 [citado 6 de mayo de 2021]. Disponible en: https://thenurseszone.com/cincinnati-pre-hospital-stroke-scale/

ANEXO VII "LOS ÁNGELES PREHOSPITAL STROKE SCREEN"



Los Angeles Prehospital Stroke Screen (LAPSS)

1. Patient Name: _____ (Last) _____ (First)
2. Information/History from:
   [ ] Patient
   [ ] Family Member _____ (Name) Phone: _____
   [ ] Other
3. Last known time patient was at baseline or deficit free and awake: *Military Time:* _____ *Date:* _____

SCREENING CRITERIA:

		Yes	Unknown	No
4.	Age > 45	[ ]	[ ]	[ ]
5.	History of seizures or epilepsy **absent**	[ ]	[ ]	[ ]
6.	Symptom duration **less than** 24 hours	[ ]	[ ]	[ ]
7.	At baseline, patient is **not** wheelchair bound or bedridden	[ ]	[ ]	[ ]

		Yes	No
8.	Blood glucose between 60 and 400:	[ ]	[ ]

9. Exam: **LOOK FOR OBVIOUS ASYMMETRY**

	Normal	Right	Left
Facial Smile/Grimace:	☐	☐ Droop	☐ Droop
Grip:	☐	☐ Weak Grip ☐ No Grip	☐ Weak Grip ☐ No Grip
Arm Strength:	☐	☐ Drifts Down ☐ Falls Rapidly	☐ Drifts Down ☐ Falls Rapidly

		Yes	No
	Based on exam, patient has **only unilateral** (and not bilateral) weakness:	[ ]	[ ]
10.	***Items 4,5,6,7,8,9 all YES's (or unknown) → LAPSS screening criteria met:***	Yes [ ]	No [ ]

11. If LAPSS criteria for stroke met, call receiving hospital with a "code stroke", if not then return to the appropriate treatment protocol. (Note: the patient may still be experiencing a stroke even if LAPSS criteria are not met.)

Fuente: Kidwell CS, Starkman S, Eckstein M, Weems K, Saver JL. Identifying Stroke in the Field. Stroke. 2000;31(1):71-6

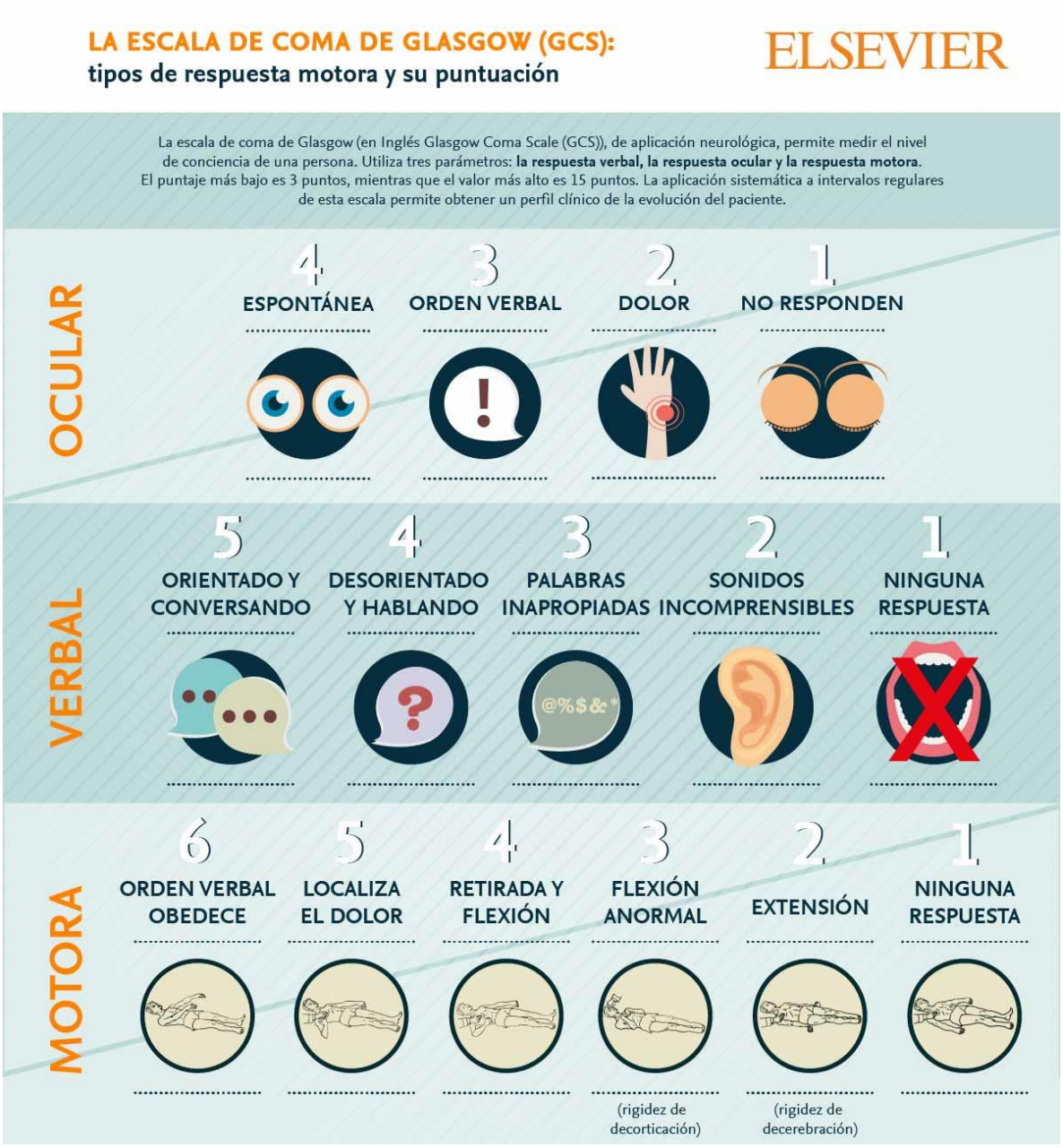
ANEXO VIII NATIONAL INSTITUTES STROKES SCALES (NIHSS)

Table 7. National Institutes of Health Stroke Scale

Tested Item	Title	Responses and Scores
IA	Level of consciousness	0—Alert 1—Drowsy 2—Obtunded 3—Coma/unresponsive
1B	Orientation questions (2)	0—Answers both correctly 1—Answers 1 correctly 2—Answers neither correctly
1C	Response to commands (2)	0—Performs both tasks correctly 1—Performs 1 task correctly 2—Performs neither
2	Gaze	0—Normal horizontal movements 1—Partial gaze palsy 2—Complete gaze palsy
3	Visual fields	0—No visual field defect 1—Partial hemianopia 2—Complete hemianopia 3—Bilateral hemianopia
4	Facial movement	0—Normal 1—Minor facial weakness 2—Partial facial weakness 3—Complete unilateral palsy
5	Motor function (arm) a. Left b. Right	0—No drift 1—Drift before 5 seconds 2—Falls before 10 seconds 3—No effort against gravity 4—No movement
6	Motor function (leg) a. Left b. Right	0—No drift 1—Drift before 5 seconds 2—Falls before 5 seconds 3—No effort against gravity 4—No movement
7	Limb ataxia	0—No ataxia 1—Ataxia in 1 limb 2—Ataxia in 2 limbs
8	Sensory	0—No sensory loss 1—Mild sensory loss 2—Severe sensory loss
10	Articulation	0—Normal 1—Mild dysarthria 2—Severe dysarthria
11	Extinction or inattention	0—Absent 1—Mild (loss 1 sensory modality lost) 2—Severe (loss 2 modalities lost)

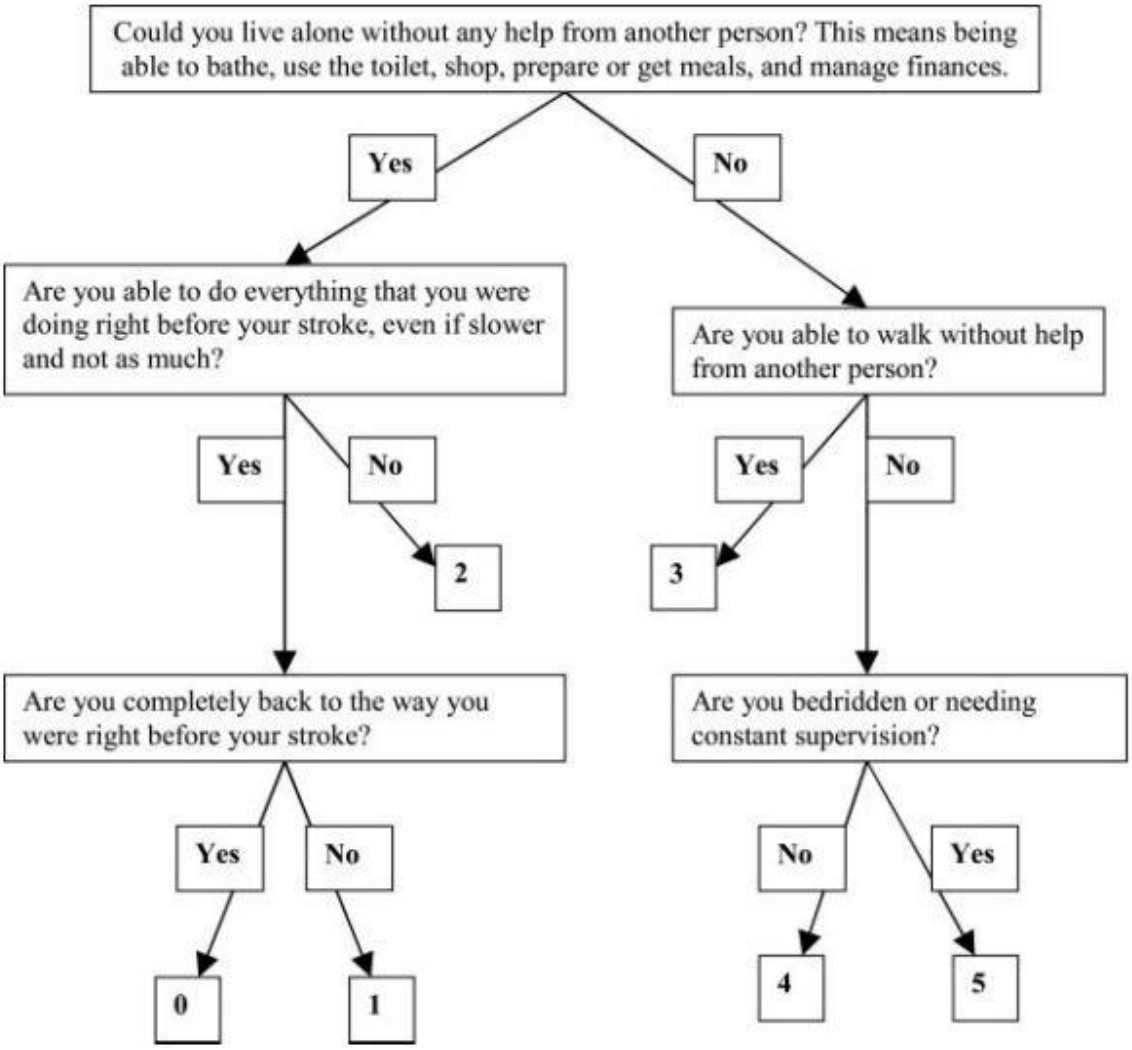
Fuente: Powers WJ, Rabinstein AA. 2018 Guidelines for the Early Management of Patients With Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. Vol. 49, Stroke. 2018. 46-110 p

ANEXO IX ESCALA DE EVALUACIÓN NEUROLÓGICA DE GLASGOW



Fuente: Rozman F. Escala de Coma de Glasgow: tipos de respuesta motora y su puntuación. Tratado Med Interna [Internet]. 2017;1-5. Disponible en: https://www.elsevier.com/es-es/connect/medicina/escala-de-coma-de-glasgow

ANEXO X ESCALA DE RANKIN MODIFICADA



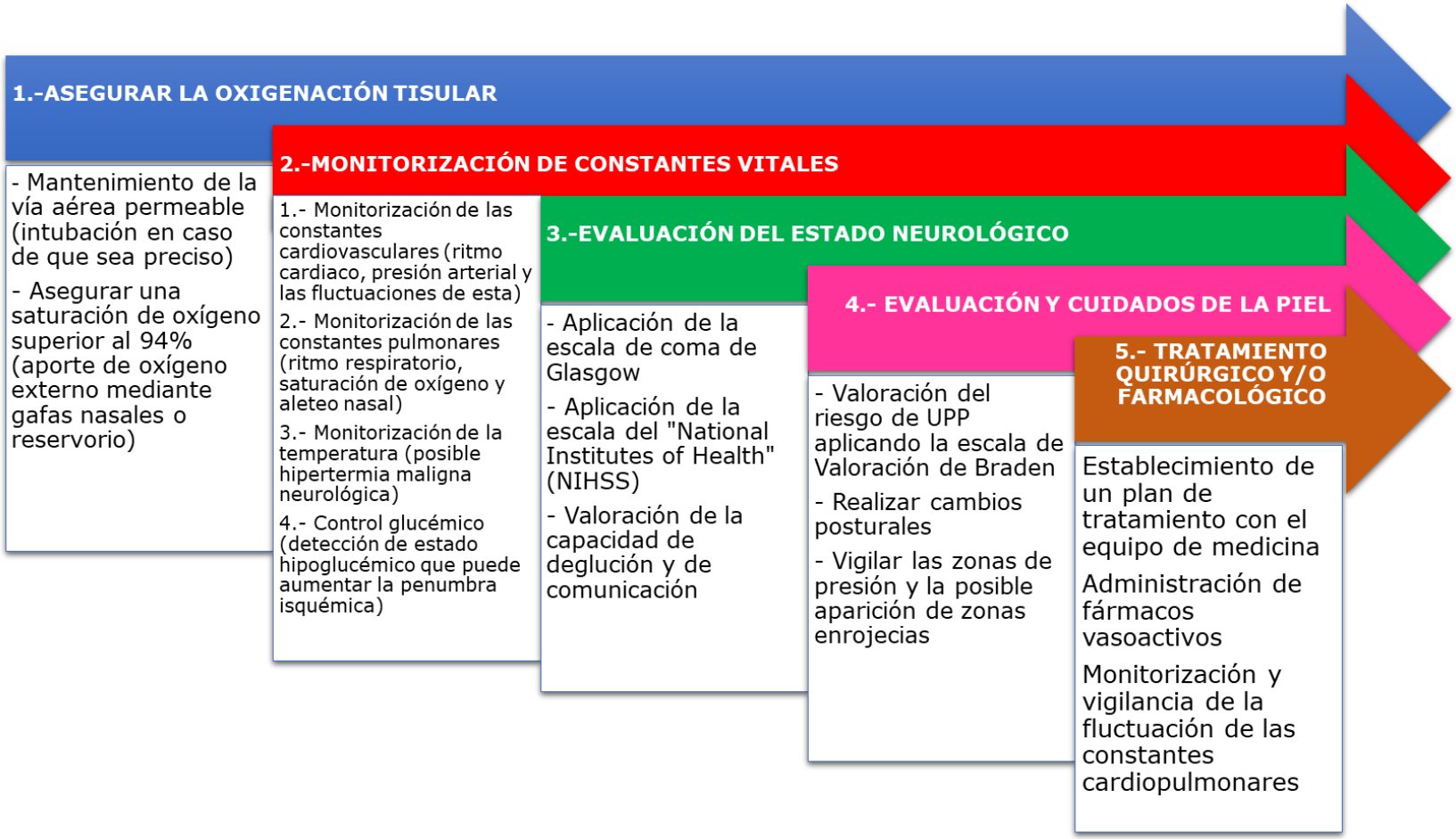
Fuente: Bruno A, Shah N, Lin C, Close B, Hess DC, Davis K, et al. Improving modified rankin scale assessment with a simplified questionnaire. Stroke. 2010;41(5):1048-50

ANEXO XI ESCALA DE VALORACIÓN DE BRADEN

Percepción Sensorial Capacidad de respuesta a estímulos dolorosos	1. Limitado completamente	2. Muy limitado	3. Limitado levemente	4. Sin impedimento
Humedad Grado de humedad de piel	1. Constantemente húmeda	2. Muy húmeda	3. Ocasionalmente húmeda	4. Raramente húmeda
Actividad Grado de actividad física	1. Confinado a la cama	2. Confinado a la silla	3. Ocasionalmente camina	4. Camina frecuentemente
Movilidad Control de posición corporal	1. Completamente inmóvil	2. Muy limitada	3. Levemente limitada	4. Sin limitaciones
Nutrición Patrón de ingesta alimentaria	1. Completamente inadecuada	2. Probablemente inadecuada	3. Adecuada	4. Excelente
Fricción y roce Roce de piel con sábanas	1. Presente	2. Potencialmente presente	3. Ausente	

Fuente: Revista Médica de Chile 2004; 132: 595-600

ANEXO XII: EJECUCCIÓN DE LAS ACTIVIDADES



Fuente: Elaboración propia