

Print Page Number	Location	Original Text	Change	When Change Was Identified	When Change Was Made	Notes on Change
60	Using the Epinephrine Auto-Injector	Step 4:  Ensure the patient holds the injector in place for 5-10 seconds, and then remove.	Step 4:  Help the patient to hold the injector in place for 3 seconds. Some other injectors may be held in place for up to 10 seconds. Be familiar with the manufacturer's instructions for the type of <i>injector you are using</i> .	July 7, 2017	To be made in second printing.	Change notice posted on Heart and Stroke Resuscitation Portal and Heart Shop
85	First section, labelled: Stroke and Transient Ischemic Attack (TIA)	A stroke, sometimes referred to as a cerebrovascular accident (CVA), is an interruption in the flow of blood to the brain. This interruption happens when a blood clot blocks an artery (ischemic stroke) or a blood vessel breaks (hemorrhagic stroke). When the flow of blood to the brain is interrupted, brain cells begin to die and brain damage occurs due to the lack of nutrients and oxygen.	<p>A stroke happens when blood stops flowing to any part of the brain, damaging brain cells. The effects of a stroke depend on the part of the brain that was damaged and the amount of damage done. A stroke commonly results in, but is not limited to, problems with speech, comprehension, vision, and weakness or paralysis (usually on one side of the body, but possibly on both). A transient ischemic attack, or TIA, is difficult to differentiate from a stroke, but usually involves stroke signs that resolve within a short period of time, usually within one hour.</p> <p>A TIA can be difficult to determine, and can only be diagnosed by a healthcare professional. Treat anyone who displays signs of stroke, that appear to resolve, as a stroke (see First Aid for Stroke on next page). For this reason the treatment for stroke and TIA signs is identical.</p> <p>Depending on the type of stroke, different treatment options may be available. Because certain treatments are only effective when provided very early after a stroke occurs it is important to note the time of onset of stroke signs, or, if this is not known, the time the person was last seen or known to be well (i.e., not displaying stroke signs).</p> <p>A stroke is a medical emergency that can happen to anyone of any age. Stroke is often not well identified in younger age groups because people don't realize it can happen to anyone. A stroke can be caused by trauma or injury to the head. Regardless of age, if you see anyone displaying the FAST Signs of Stroke (outlined on the next page), take action!</p> <p>There are two types of stroke: ischemic (blockage) and hemorrhagic (bleeding).</p>	April 4, 2018	To be made in fourth printing, Ver 1.2	<p>Based on revised Canadian Guidelines for Stroke, published by Heart &amp; Stroke and as part of periodic content review it was felt that this section, along with the associated definitions should be updated for clarity, accuracy and legibility.</p> <p>The most significant changes related to:</p> <ul style="list-style-type: none"> <li>• The inclusion of noting the time of the onset of stroke signs</li> <li>• The consolidation of the definitions of stroke and TIA into one section, and</li> <li>• The emphasis on stroke being possibly in any age category, and the need to treat all individuals with stroke signs as a stroke case until ruled out by healthcare professionals</li> </ul> <p>A small number of minor changes were made to other sections of p.85, but are not significant enough to note.</p>

86	Second section labelled: First Aid for Stroke	<table border="1"> <thead> <tr> <th>Step</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Ensure the scene is safe. Use personal protection. Find out what happened. Identify yourself and get consent or implied consent.</td> </tr> <tr> <td>2</td> <td>Conduct a primary survey.</td> </tr> <tr> <td>3</td> <td>Assess patient for stroke signs and symptoms using the FAST assessment:   <b>F</b>ACE is it drooping?  <b>A</b>RRMS can you raise both?  <b>S</b>PEECH is it slurred or jumbled?  <b>T</b>IME to call 9-1-1 right away.             If patient has any of the FAST warning sign or symptoms activate EMS (phone 9-1-1) IMMEDIATELY!</td> </tr> <tr> <td>4</td> <td>Place patient in the most comfortable position, usually semi-sitting.</td> </tr> <tr> <td>5</td> <td>Monitor airway, breathing and circulation and reassure the patient while awaiting EMS.</td> </tr> <tr> <td>6</td> <td>If the patient becomes unconscious, place him in recovery position with affected side up to decrease chances of nerve/tissue damage to that side.</td> </tr> <tr> <td>7</td> <td>Continue to monitor ABCs, treat for shock and reassure the patient while waiting to hand over to EMS.</td> </tr> <tr> <td>8</td> <td>Commence CPR if breathing stops.</td> </tr> </tbody> </table>	Step	Action	1	Ensure the scene is safe. Use personal protection. Find out what happened. Identify yourself and get consent or implied consent.	2	Conduct a primary survey.	3	Assess patient for stroke signs and symptoms using the FAST assessment:  <b>F</b> ACE is it drooping? <b>A</b> RRMS can you raise both? <b>S</b> PEECH is it slurred or jumbled? <b>T</b> IME to call 9-1-1 right away.  If patient has any of the FAST warning sign or symptoms activate EMS (phone 9-1-1) IMMEDIATELY!	4	Place patient in the most comfortable position, usually semi-sitting.	5	Monitor airway, breathing and circulation and reassure the patient while awaiting EMS.	6	If the patient becomes unconscious, place him in recovery position with affected side up to decrease chances of nerve/tissue damage to that side.	7	Continue to monitor ABCs, treat for shock and reassure the patient while waiting to hand over to EMS.	8	Commence CPR if breathing stops.	<table border="1"> <thead> <tr> <th>Step</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Ensure the scene is safe; use personal protection; find out what happened; identify yourself and get consent or implied consent.</td> </tr> <tr> <td>2</td> <td>Conduct a primary survey and FAST assessment:  <b>F</b>ace is it drooping?  <b>A</b>rms can you raise both?  <b>S</b>peech is it slurred or jumbled?  <b>T</b>ime to call 9-1-1 right away.            If FAST assessment reveals any signs of stroke, activate EMS (phone 9-1-1) immediately and get an AED.</td> </tr> <tr> <td>3</td> <td>Assist the patient into the most comfortable position, usually semi-sitting.</td> </tr> <tr> <td>4</td> <td>Continue to monitor ABCs, treat for shock, reassure the patient and note the time of onset of stroke signs while waiting for EMS to arrive.</td> </tr> <tr> <td>5</td> <td>If the patient becomes unconscious, place him in recovery position with affected side up.</td> </tr> <tr> <td>6</td> <td>Begin CPR and use AED if breathing stops.</td> </tr> </tbody> </table>	Step	Action	1	Ensure the scene is safe; use personal protection; find out what happened; identify yourself and get consent or implied consent.	2	Conduct a primary survey and FAST assessment: <b>F</b> ace is it drooping? <b>A</b> rms can you raise both? <b>S</b> peech is it slurred or jumbled? <b>T</b> ime to call 9-1-1 right away. If FAST assessment reveals any signs of stroke, activate EMS (phone 9-1-1) immediately and get an AED.	3	Assist the patient into the most comfortable position, usually semi-sitting.	4	Continue to monitor ABCs, treat for shock, reassure the patient and note the time of onset of stroke signs while waiting for EMS to arrive.	5	If the patient becomes unconscious, place him in recovery position with affected side up.	6	Begin CPR and use AED if breathing stops.	April 4, 2018	To be made in fourth printing, Ver 1.2	<p>The action steps in providing first aid for stroke were revised to simplify the approach to care:</p> <ul style="list-style-type: none"> <li>• Steps 2 and 3 of the original table were consolidated into one single step, to be performed as part of the primary assessment of the patient.</li> <li>• Steps 5 through 7 were reformulated to simplify the description and intent, which is to monitor the patient and address any changes in condition with the appropriate response.</li> </ul>
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86	Caution box, below First Aid for Stroke table	<p><b>Caution</b> DO NOT give ASA to patients with signs and symptoms of a stroke.</p>	<p><b>Caution</b> DO NOT give ASA to patients with signs of a stroke.</p> <p>Take care when positioning or assisting patient, as they may have weakness or paralysis on their affected side, making movement more challenging and increasing the risk of injury.</p>	April 4, 2018	To be made in fourth printing, Ver 1.2	<p>The first caution point was revised to remove the word 'symptoms'. As a general approach, the word symptoms is no longer included in the language to describe stroke.</p> <p>The second caution point was added to stress the importance of addressing potential paralysis or weakness in stroke patients, to ensure reduced chance of injury or poor outcomes.</p>																																