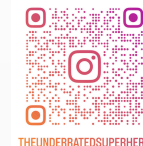




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## WHEN TO SUSPECT STROKE OVER SUBSTANCE USE

Quick-Reference Red Flags for Correctional & Clinical Staff

Why This Matters: Some of the most urgent neurological emergencies can look like intoxication, withdrawal, or behavioral issues. But mistaking stroke symptoms for substance use delays life-saving care. This cheat sheet helps you advocate when something feels off.

### Red Flags That May Indicate Stroke (Not Substance Use)

Symptom	Red Flag Indicators	Commonly Misread As
Sudden confusion or disorientation	Occurs without drug use history; no improvement with time	Intoxication, benzo withdrawal
Slurred or garbled speech	New, sudden onset—especially paired with drooping or weakness	Alcohol intoxication
One-sided weakness or numbness	Arms, face, or legs affected on one side only	Physical withdrawal effects
Sudden severe headache	“Worst headache of their life” with no prior history	Drug-seeking, malingering
Loss of balance or coordination	Difficulty walking, staggering	Stimulant use, meth-related tremors
Vision issues (blurry, double vision)	Rapid onset; one or both eyes affected	Hallucinations or drug effects

#### Fast Clinician Questions to Ask

- “Have they had a stroke or TIA before?”
- “Is this consistent with their substance use history?”
- “When did the symptoms start?”
- “Are symptoms getting worse, not better?”
- “Is anything not explained by intoxication?”

#### Language to Use When Speaking Up

- “I know this looks like intoxication, but let’s rule out neuro causes first.”
- “This isn’t typical for this person – I’m concerned it’s medical.”
- “We need to check for stroke signs before assuming this is drug-related.”

Provided by The Underrated Superhero: Tools for smarter, safer correctional care.