

**Suspected Stroke/CVA**



Legend	
	EMR
	EMT
	Intermediate
	Paramedic
	Medical Control

<b>EMR</b>	<ol style="list-style-type: none"> <li>1. Conduct Stroke Assessment using the Region 2 Stroke Assessment Tool. This paperwork must be filled out and kept with the patient. If patient is unconscious, refer to <i>Altered Mental Status/Syncope protocol</i>.</li> <li>2. Be sure to ask, "What time was the patient last seen normal?"</li> <li>3. Oxygen: Titrate to 94-99%</li> <li>4. Be prepared to support the patient's respirations with a BVM if necessary with suction available.</li> <li>5. Check blood glucose – if &lt; 60mg/dL, or &lt; 80mg/dL with signs and symptoms of hypoglycemia administer <b>Oral Glucose 15g</b>. Pt. must be alert to verbal stimuli, able to sit upright, have good airway control and intact gag reflex.</li> <li>6. Protect patient from injury and if C-spine injury suspected – follow appropriate procedure.</li> <li>7. Reassess and reassure the patient.</li> <li>8. Check vital signs every 5 minutes until transport unit arrives.</li> </ol>	<b>EMR</b>
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<b>EMT</b>	<ol style="list-style-type: none"> <li>1. Continue EMR care.</li> <li>2. Apply cardiac monitor and obtain 12-lead EKG if indicated by chief complaint, transmit to receiving facility (if equipped also it is beyond the scope of the EMT to monitor, interpret 12-leads or cardiac rhythms).</li> <li>3. Be prepared to support the patient's respirations with BVM if necessary and have suction readily available.</li> <li>4. Check blood glucose – if &lt; 60mg/dL, or &lt; 80mg/dL with signs and symptoms of hypoglycemia, administer <b>Oral Glucose 15g</b>. Pt. must be alert to verbal stimuli, able to sit upright, have good airway control and intact gag reflex. If not, give <b>Glucagon 1mg IM</b>.</li> <li>5. Initiate ALS intercept, if indicated, and transport without delay!</li> <li>6. Check and record vital signs and GCS every 5 minutes.</li> <li>7. Contact receiving hospital as soon as possible of a stroke alert if the findings from the stroke assessment tool are positive.</li> </ol>	<b>EMT</b>
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<b>I</b>	<ol style="list-style-type: none"> <li>1. Continue EMT care.</li> <li>2. Initiate IV of Normal Saline at TKO (20mL/hr).</li> <li>3. Give <b>Dextrose 10%</b> 5mL/kg (whole 250mL bag for any patient over 50kg) IV if blood sugar is &gt; 60 mg/dL, or 60-80 mg/dL and patient is symptomatic. Give <b>Glucagon: 1mg IM</b> if unable to establish IV.</li> <li>4. Recheck blood sugar in 5 minutes.</li> <li>5. Give <b>Narcan: 2-4mg IV/IM/IN</b> if no response to <b>Dextrose</b> within 2 minutes. May repeat in 10 min if no response.</li> <li>6. Consider ALS intercept should the situation warrant additional medication</li> <li>7. Ativan 4mg IV/IO/IN for seizure activity. May repeat x1 after 10 minutes to stop seizure activity if indicated. May give <b>Versed 5mg IN</b> if IV attempts are unsuccessful.</li> <li>8. Consider ALS intercept should the situation warrant and <b>transport suspected stroke patients without delay.</b></li> </ol>	<b>I</b>
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<b>P</b>	<ol style="list-style-type: none"> <li>1. Continue EMT-I care.</li> <li>2. <b>Ativan 4mg IV/IO</b> for seizure activity. May repeat x1 after 10 minutes to stop seizure activity if indicated. May give <b>Versed 5mg IN</b> if IV attempts are unsuccessful.</li> <li>3. Contact receiving hospital early if stroke assessment tool is positive.</li> <li>4. Consider Medication Assisted Intubation for airway control in patients with a GCS &lt;8. Administer <b>Ketamine 2.5mg/kg IV/IO</b> for sedation. <b>May repeat with Medical Control order.</b></li> </ol>	<b>P</b>
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