

COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
 POLICY / PROCEDURE / PROTOCOL

Number S-144
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SUBJECT: TREATMENT PROTOCOL
 STROKE AND TRANSIENT ISCHEMIC ATTACK

Date 07/01/2021

BLS

ALS

For patients with symptoms suggestive of TIA or stroke with onset of symptoms known to be <24 hours in duration

- Maintain O₂ saturation ≥94%
- Keep head of bed (HOB) at 15° elevation. If SBP <120 mmHg and patient tolerates, place HOB flat.
- Expedite transport
- Make BH initial notification early to confirm destination
- Notify accepting Stroke Receiving Center of potential stroke code patient en route
- Provide list of all current medications, especially anticoagulants, upon arrival to Emergency Department

Important signs/symptoms to recognize, report, and document

Use *BE FAST* Prehospital Stroke Scale in assessment of possible TIA or stroke patients

B = Balance: Unsteadiness, ataxia

E = Eyes: Blurred/double or loss of vision, asymmetric pupils

F = Face: Unilateral face droop

A = Arms and/or legs: Unilateral weakness exhibited by a drift or drop, numbness/tingling

S = Speech: Slurred, inability to find words, absent

T = Time: Accurate Last Known Well time

- Sudden severe headache with no known cause
- Get specific **Last Known Well** time in military time (hours: minutes)

Bring witness to ED to verify time of symptom onset and provide consent for interventions. If witness unable to ride in ambulance, obtain accurate contact phone number.

Obtain blood glucose. If blood glucose <60 mg/dL, treat for hypoglycemia.

- If patient is awake and able to swallow, give 3 oral glucose tabs or paste (15 gm total)
- Patient may eat or drink, if able
- If patient is unconscious, NPO

- IV SO (large-bore antecubital site preferred)
- 250 mL fluid bolus IV/IO to maintain BP ≥120 mmHg if no rales SO, MR SO