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

Brief, Resolved, Unexplained Event (BRUE): An episode involving an infant younger than 12 months where an observer reports a sudden, brief, yet resolved episode of one or more of the following:
1) Absent, decreased, or irregular breathing
2) Color change (cyanosis or pallor)
3) Marked change in muscle tone (hypertonia or hypotonia)
4) Altered level of responsiveness

Definitive Therapy: Immediate or anticipated immediate need for administration of a fluid bolus or medications.

End-Tidal CO₂ (EtCO₂) (quantitative capnography): Quantitative capnometer to continuously monitor end-tidal CO₂ is mandatory for use in the intubated patient. See Skills List (S-104) for exceptions.

LEADSD: Acronym for the steps to be performed in the assessment and documentation of endotracheal intubation attempts:
1. Lung Sounds
2. End-Tidal CO₂ Detection Device
3. Absence of Abdominal Sounds
4. Depth
5. Size
6. Documentation

Nebulizer: O₂-powered delivery system for administration of normal saline or medications.

Opioid: Any derivative, natural or synthetic, of opium, morphine or any substance that has effects on opioid receptors (e.g., analgesia, somnolence, respiratory depression).

Opioid-Dependent Pain Management Patient: An individual who is taking prescribed opioids for chronic pain management, particularly those with opioid infusion devices.

Opioid Overdose (Symptomatic): Decreased level of consciousness and/or respiratory depression (e.g., respiratory rate of <12 or EtCO₂ ≥ 40 mmHg).
Pediatric Patient: Children known or appearing to be 14 years or younger. A pediatric trauma patient is determined by age, regardless of weight.

- Neonate: From birth to 30 days.
- Infant: One month to one year.

Perilaryngeal Airway Adjunct (PAA) Options

1. Esophageal-Tracheal Airway Device (ETAD): The “Combitube” is the only such airway approved for prehospital use in San Diego County.

2. Laryngeal-Tracheal (LT) airway: The “King Airway” is the only such airway approved for prehospital use in San Diego County.

Unstable
A patient who meets the following criteria:

1. ≥15 years (known or apparent age)
   - SBP <90 mmHg and exhibiting any of the following signs/symptoms of inadequate perfusion, e.g.,
     - Altered mental status (decreased LOC, confusion, agitation)
     - Pallor
     - Diaphoresis
     - Significant chest pain of suspected cardiac origin
     - Severe dyspnea

2. <14 years (known or apparent age)
   - Exhibiting any of the following signs/symptoms of inadequate perfusion, e.g.,
     - Altered mental status (decreased LOC, confusion, agitation)
     - Pallor, mottling, or cyanosis
     - Diaphoresis
     - Difference in peripheral vs. central pulses
     - Delayed capillary refill
     - Hypotension by age
       - <1 month: SBP <60 mmHg
       - 1 month – 1 year: SBP <70 mmHg
       - 1 year – 10 years: SBP <70 mmHg + (2x age in years)
       - ≥10 years: SBP <90 mmHg