

 County of San Diego EMS A Division of San Diego County Fire	TREATMENT PROTOCOL		S-144
	STROKE AND TRANSIENT ISCHEMIC ATTACK		
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BLS

ALS

<p>For patients with symptoms suggestive of TIA or stroke with onset of symptoms known to be <24 hours in duration</p> <ul style="list-style-type: none"> • Maintain O₂ saturation at 94% to 98% • 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 enroute • Provide list of all current medications, especially anticoagulants, upon arrival to Emergency Department <p>Important signs/symptoms to recognize, report, and document</p> <p>Use BE FAST Prehospital Stroke Scale in assessment of possible TIA or stroke patients</p> <p>B = Balance: Unsteadiness, ataxia</p> <p>E = Eyes: Blurred/double or loss of vision, asymmetric pupils</p> <p>F = Face: Unilateral face droop</p> <p>A = Arms and/or legs: Unilateral weakness exhibited by a drift or drop, numbness/tingling</p> <p>S = Speech: Slurred, inability to find words, absent</p> <p>T = Time: Accurate Last Known Well time</p> <ul style="list-style-type: none"> • Sudden severe headache with no known cause • Get specific Last Known Well time in military time (hours: minutes) <p>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.</p> <p>Obtain blood glucose. If blood glucose <60 mg/dL, treat for hypoglycemia.</p> <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • IV SO (large-bore antecubital site preferred) • 250 mL fluid bolus IV/IO to maintain BP ≥120 mmHg if no rales SO, MR SO
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