

 <b>County of San Diego</b> <b>EMS</b> A Division of San Diego County Fire	TREATMENT PROTOCOL		<b>S-144</b>
	<b>STROKE AND TRANSIENT ISCHEMIC ATTACK</b>		
	Date: 7/1/2023		Page 1 of 2

## BLS

## ALS

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

- Maintain O<sub>2</sub> 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

### Important signs/symptoms to recognize, report, and document

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

**B** = Balance: Unsteadiness, ataxia

**E** = Eyes: Blurred/double or loss of vision

**F** = Face: Unilateral face droop

**A** = Arms and/or legs: Unilateral weakness exhibited by a drift or drop

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

**T** = Time: Accurate Last Known Well time

If *BE-FAST* is positive, calculate and report the *FAST-ED* Prehospital Stroke Severity Scale value

**F** = Facial palsy

**A** = Arm weakness

**S** = Speech changes

**T** = Time

**E** = Eye deviation

**D** = Denial/Neglect

- 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

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

**San Diego County Emergency Medical Services Office**  
**Policy / Procedure / Protocol**

glucose tabs or paste (15 gm total) • Patient may eat or drink, if able • If patient is unconscious, NPO	
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**FAST-ED Severity Scale**

<b>Assessment Item</b>	<b>FAST-ED Score</b>
<b>Facial palsy:</b>	
Normal or minor paralysis	0
Partial or complete paralysis	1
<b>Arm weakness:</b>	
No drift	0
Drift or some effort against gravity	1
No effort against gravity or no movement	2
<b>Speech changes:</b>	
Absent	0
Mild to moderate	1
Severe, global aphasia, or mute	2
<b>Time:</b>	
What time did the symptoms start?	
What time was the patient last known well?	
<b>Eye deviation:</b>	
Absent	0
Partial	1
Forced deviation	2
<b>Denial/Neglect:</b>	
Absent	0
Extinction to bilateral simultaneous stimulation in only 1 sensory modality	1
Does not recognize own hand or orients only to one side of the body	2
<b>Total</b>	