



COUNTY OF SAN DIEGO
EMERGENCY MEDICAL SERVICES

TREATMENT PROTOCOL

S-144

STROKE AND TRANSIENT ISCHEMIC ATTACK

Date: 7/1/2024

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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 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 glucose tabs or paste (15 gm total)
- Patient may eat or drink, if able
- If patient is unconscious, NPO

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

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

FAST-ED Severity Scale

Assessment Item	FAST-ED Score
Facial palsy:	
Normal or minor paralysis	0
Partial or complete paralysis	1
Arm weakness:	
No drift	0
Drift or some effort against gravity	1
No effort against gravity or no movement	2
Speech changes:	
Absent	0
Mild to moderate	1
Severe, global aphasia, or mute	2
Time:	
What time did the symptoms start?	
What time was the patient last known well?	
Eye deviation:	
Absent	0
Partial	1
Forced deviation	2
Denial/Neglect:	
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
Total	