SUBJECT: TREATMENT PROTOCOL - STROKE AND TRANSIENT ISCHEMIC ATTACK

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| • For patients with symptoms suggestive of TIA or stroke with onset of symptoms known to be <6 hours in duration:  
  - Expedite transport  
  - Make initial notification early to confirm destination  
  - Notify accepting stroke receiving center of potential stroke code patient en route  
  • Get specific last known well time in military time (hours: minutes)  
  • Bring witness to ED, or if witness unable to ride on ambulance obtain accurate contact number  
  - Allow witness to accompany patient into ED, or provide contact information to ED upon arrival.  
  • Use supplemental O₂ to maintain O₂ saturation at least 94%  
  • Keep HOB at 15 degree elevation  
  If trained and available:  
  • Obtain blood glucose, if blood glucose <60 mg/dl treat per hypoglycemia:  
    • If patient is awake and able to swallow, give 3 oral glucose tabs or paste (15 g total). Patient may eat or drink, if able.  
    • If patient is unconscious, NPO  
  • Use the Prehospital Stroke Scale in the assessment of possible TIA or stroke patients (facial droop, arm drift and speech abnormalities)  
  • Provide list of all current medications, especially anticoagulants to the ED upon arrival  
  • If systolic BP <120 mmHg, place head of the stretcher flat, if tolerated. | • Obtain blood glucose, if blood glucose <60 mg/dl treat per hypoglycemia  
• Large bore antecubital IV  
• 250 ml fluid bolus IV/IO without rales SO to maintain BP ≥120, MR SO |

Important signs/symptoms to document:  
- Sudden unilateral facial drooping/weakness, sudden unilateral arm or leg weakness  
- Sudden difficulty speaking (slurred speech or inability to find words), asymmetric pupils  
- Sudden severe headache with no known cause  
Witness considerations: - Whenever possible, a witness should accompany the stroke patient in the transport apparatus in order to verify the time of symptom onset and to provide consent for interventions.