

COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
 POLICY/PROCEDURE/PROTOCOL

No. S-144
 Page: 1 of 1

SUBJECT: TREATMENT PROTOCOL -
 STROKE AND TRANSIENT ISCHEMIC ATTACK

Date: 07/01/2018

BLS

ALS

<ul style="list-style-type: none"> • For patients with symptoms suggestive of TIA or stroke with onset of symptoms known to be <6 hours in duration: <ul style="list-style-type: none"> - 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 <ul style="list-style-type: none"> - 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 <p>If trained and available:</p> <ul style="list-style-type: none"> • Obtain blood glucose, if blood glucose <60 mg/dl treat per hypoglycemia: <ul style="list-style-type: none"> • 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 meds, especially anticoagulants to the ED upon arrival • If systolic BP <120 mmHg, place head of the stretcher flat, if tolerated. 	<ul style="list-style-type: none"> • Obtain blood glucose, if blood glucose <60 mg/dl treat per hypoglycemia • Large bore antecubital IV • 250 ml fluid bolus IV/IO without rates <u>SO</u> to maintain BP ≥120, MR <u>SO</u>
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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.