



STROKE

Effective: March 15, 2022
Replaces: January 1, 2020

1. BLS Treatment

1.1. Routine Medical Care – Adult (**700-S04**)

1.1.1. **Oxygen** – titrate as appropriate

1.2. Complete **G.F.A.S.T.** stroke screening:

G Gaze Abnormalities	(0-1)
F Facial Droop	(0-1)
A Arm Drift	(0-1)
S Speech Abnormalities	(0-1)
T Time Last Seen Normal	(No points)

- 1.3. Confirm patient has not had a seizure during the duration of stroke symptoms. If patient has had a seizure during the duration of stroke symptoms or is actively seizing, see (**700-A02**) and transport to appropriate Emergency Department.
- 1.4. Place patient in supine position with head elevated 30 degrees
- 1.5. **Blood Glucose Level** (BGL), if less than 80 mg/dL **withhold oral glucose** due to dysphagia. If the BLS unit transports, make sure the receiving facility is made aware of the possibility of hypoglycemia.
- 1.6. Do not delay transport for interventions and transport to the appropriate receiving facility, see section 2

2. Stroke Center Transport Determination

- 2.1. If patient has four (4) points on the G.F.A.S.T stroke screening transport the patient to a Comprehensive Stroke Center (**Policy 602**).
 - 2.1.1. If transport time to closest Comprehensive Stroke Center is greater than thirty (30) minutes, transport to the closest Primary Stroke Center.
- 2.2. If patient has three (3) or less points on the G.F.A.S.T stroke screening transport the patient to the closest Stroke Center (Comprehensive or Primary) (**Policy 602**).

Protocol # 700-A13



3. ALS Treatment

- 3.1. **Vascular Access (IV), TKO**
 - 3.1.1. With no smaller than a 20 gauge catheter
 - 3.1.2. Antecubital (AC) access site is preferred
 - 3.1.3. Make no more than 1 attempt at the AC if first attempt fails
- 3.2. **Blood Glucose Level (BGL)**, if less than 80 mg/dL rule out hypoglycemia, administer:
 - 3.2.1. **Dextrose 10% IV Piggyback or IV Drip**, hang a 250ml bag of 10% dextrose either piggyback to the normal saline bag or directly to IV hub/saline lock. Administer 100-200ml bolus. Reassess between boluses for improvements in mental status and/or improved BGL. May repeat boluses as needed until the patient becomes alert or BGL greater than 80 mg/dL is achieved. (700-A03)
- 3.3. Obtain **12 Lead ECG** while en route, if dysrhythmia or cardiac symptoms are present (700-A14)

4. Special Considerations

- 4.1. If there is a reliable historian on scene that can state the patient's Last Time Seen Well, ensure that their contact number is collected for the physician

5. Stroke Center Transport Determination Flow Chart

5.1.

