



## STROKE

**Effective:** January 1, 2024  
**Replaces:** March 15, 2022

### 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:

<b>G</b>	<b>Gaze Abnormalities</b>	(0-1)
<b>F</b>	<b>Facial Asymmetry</b>	(0-1)
<b>A</b>	<b>Arm or leg Weakness/Drift</b>	(0-1)
<b>S</b>	<b>Speech Difficulties</b>	(0-1)
<b>T</b>	<b>Time Last Known Well</b>	(no point)

- 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. Document time patient was last seen at baseline (Time Last Known Well) from a reliable historian
- 1.6. Determine if patient takes an anticoagulant (warfarin, NOACs), history of recent surgery or recent stroke
- 1.7. **Blood Glucose Level** (BGL), if less than 60 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.
- 1.8. Provide advanced notification (**Policy 501**)
- 1.9. 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**).



**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 60 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 60 mg/dL is achieved. (700-A03)
- 3.3. Obtain **12 Lead ECG** while enroute, if dysrhythmia or cardiac symptoms are present (700-A14)

**4. Special Considerations**

- 4.1. If patient was last known well prior to bedtime, this is the time to be documented, not the time they woke up with symptoms present
- 4.2. In patients with pre-stroke disability, stroke assessment should consider changes from patients baseline and level of consciousness may need to be considered
- 4.3. Collect contact number for a reliable historian that can state the patient's "Time Last Known Well" and medical history. Inform them to expect contact by receiving hospital once patient arrives
- 4.4. If patient/family require interpreter services, provide details during advanced notification

**5. Stroke Center Transport Determination Flow Chart**

