



STROKE / TIA

A patient experiencing a Cerebrovascular Accident (CVA or stroke) may have a variety of presentations. Most commonly, the patient will experience a new onset of unilateral weakness (hemiparesis), paralysis (hemiplegia), difficulty speaking (aphasia), or a combination of these. The pre-hospital goal is to maintain stable vital signs, increase oxygen delivery, protect the patient's airway, and provide psychological support. Early recognition of stroke symptoms and early hospital notification is important.

- A. Perform **Initial Treatment / Universal Patient Care Protocol**.
- B. Determine exact time of symptom onset (last time patient seen normal).
- C. Assess patient for the following neurological deficits, **including time of onset of each of the symptoms** (determine *Cincinnati Pre-hospital Stroke Score*):
 - 1. Speech disturbances (abnormal speech).
 - 2. Facial weakness or paralysis (facial droop).
 - 3. Extremity weakness or paralysis (arm drift).
- D. Immediate transport with head elevated and on left side if decreased level of consciousness.
- E. Notify **Medical Command**.
- F. If decreased level of consciousness:
 - 1. Check serum glucose level with glucometer.
 - 2. If glucose level is < 60 mg/dl, administer D50W slow IV push titrated to a level > 90 or the patient's level of consciousness increases. (Avoid a rapid change in serum glucose levels.) 
- G. Obtain 12 lead ECG, if available, and causes no delay in treatment or transport.
- H. Initiate a second IV 0.9% NS KVO or lock, if time permits.
- I. Establish Transport Mode (ground vs air) and destination in consultation with **Medical Command** if transport time is > 30 minutes. 

Note: *If possible, transport a witness, family member, or caregiver with the patient to verify the time of onset of stroke symptoms.*