

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.



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Notes:

1. If possible, transport a witness, family member, or caregiver with the patient to verify the time of onset of stroke symptoms.
2. It is preferred that you bring the patient's medications to the receiving ER but if unable to do so then at a minimum a medication list will suffice.
3. Make every attempt to bring the person who saw the patient as "Last Known Normal" to the ER with the patient.
 - a. If unable to do so then obtain a contact name and number and ask that person to be available for the ER physician to contact them if necessary.