Class 3 IFT-Paramedic Treatment Protocol

3602

Central Neurological

This protocol is utilized when the patient is being transferred for an acute central neurological deficit. A **central neurologic deficit** refers to abnormal function of a body area. This altered function is due to weaker function of the brain, or spinal cord.

A. Perform **Interfacility Transport Assessment (IFTA) Procedures Patient Care Protocol 9204** and follow the proper protocol for medical management based on clinical presentation**.**

B. For any patient experiencing an acute neurological deficit recheck and document vital signs and a complete neurological assessment every 15 minutes.

C. If conscious:
   i. Transport with head elevated

D. If unconscious or intubated refer to **Sedation Protocol 3605.**
   i. Transport with head elevated

E. If brain involvement reobtain a 12 lead ECG enroute to neurological services report any changes from original 12 lead to receiving facility.

F. **Monitor** any medications from the below categories as prescribed by the **sending physician**:

1. Osmotic Diuretics- to reduce intracranial pressure
2. Anticonvulsants- help prevent seizures
3. Electrolytes- aids in neurochemical transmission and muscular excitability
4. Barbiturates- help reduce intracranial pressure refractory to other treatments
5. Calcium Channel Blockers- may help in decreasing neuro deficits due to vasospasms
6. Beta Blockers- reduce mortalitiy possible by blocking catecholamine release
7. Statins-improve neurological outcomes due to decreasing inflammation
8. Vasodilators- Refer to **Vasodilator Protocol 3203**
9. Vasopressor**-** Refer to **Vasopressor Protocol 3204**
10. Fibrinolytics – Refer to **Fibrinolytic Protocol 3217**