

Treatment Protocols**Date: 02/01/2021****Stroke - Adult****Policy #9220A****Adult BLS Standing Orders**

- **Universal Patient Protocol**
- Assess and control airway and breathing as needed per **Airway Policy**
- Test glucose
- Continuously monitor pulse oximetry, blood pressure, and capnography
- **Prevent aspiration – elevate head of stretcher 30 degrees if systolic SBP >100 mmHg**
- Maintain head and neck in neutral alignment, without flexing the neck
- Protect paralyzed limbs from injury

Hypoglycemia, Glucose < 60 (adult), 60 (child), or 45 (neonate) dL/mg

- Administer glucose PO, If patient is alert, has a gag reflex, and can swallow:
 - Glucose paste on tongue depressor placed between cheek and gum
 - Granulated sugar dissolved in liquid
- Assess for traumatic injury. If present, go to **Trauma Protocol**
- Gather history from patient, and if patient unable to provide history, ask bystanders, family or friends
- Bring family or friend to hospital if available for history

Complete B.E.F.A.S.T. Stroke Screening:

B	Balance or Leg Weakness	1 point
E	Eyes – Partial or Complete Vision Loss	1 point
F	Facial Asymmetry	1 point
A	Arm Weakness	1 point
S	Speech Abnormalities	1 point
T	Last Known Normal	Note

If any positives on BEFAST survey, alert BH as potential stroke alert.

Seizure

- 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 the **Seizure Protocol** and transport to the appropriate Emergency Department
- If suspected poisoning, including opioid overdose, go to **Poisoning Protocol**
- **Do not delay transport for interventions and transport to the appropriate receiving facility**

Treatment Protocols**Date: 02/01/2021*****Stroke - Adult*****Policy #9220A****Adult LALS Standing Order Protocol**

- Establish IV

HYPOGLYCEMIA, Glucose < 60 mg/dL

- Dextrose 25 gm IV if BS level < 60 mg/dL or unobtainable, MR x 1
- Glucagon - 1 mg IM if no IV and BS level < 60 mg/dL or unobtainable

Adult ALS Standing Order Protocol

- Continuously monitor pulse oximetry, blood pressure, ECG, and capnography
- Obtain 12 Lead EKG
- **Refer to Airway Policy as needed**
- **Refer to Shock Policy as needed**
- Establish IV/IO PRN
- Ondansetron 4 mg IO/IV/ODT for nausea/vomiting

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Adult Base Hospital Orders

- Additional glucose dosing per BH
- Time is brain tissue in strokes, transport to the hospital should be priority to decrease poor outcomes
- Ground level falls can cause intracranial bleeding that can mimic strokes in the elderly, chronic alcoholic abusers, and for patients on blood thinners. Have a low threshold to consider trauma in these patients.
- Large bore (> 18 gauge IV) is preferred for suspected stroke.

APPROVED:

Signature on File

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