

Treatment Protocols**Date: 07/01/2023*****Stroke - Adult*****Policy #9220A****Adult BLS Standing Orders**

- **Universal Patient Protocol**
- Assess and control airway and breathing as needed per **Airway Policy**
- Test glucose
- 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 mg/dL (adult)

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

Adult LALS Standing Orders

- Establish IV

HYPOGLYCEMIA, Glucose < 60 mg/dL

- Dextrose 50% - 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

Hypotension

Treatment Protocols**Date: 07/01/2023*****Stroke - Adult*****Policy #9220A**

- NS 500-1,000 mL IV MR x 1 to a max of 2,000 mL to maintain a SBP of ≥ 90 mmHg
- For persistent hypotension refer to **Shock Protocol**

Adult ALS Standing Orders

- Monitor EKG
- Establish IV/IO
- Capnography
- 12 Lead ECG

HYPOGLYCEMIA, Glucose < 60 mg/dL

- Dextrose 50% - 25 gm IV/IO 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

Hypotension

- NS 500-1,000 mL IV/IO MR x 1 to a max of 2,000 mL to maintain a SBP of ≥ 90 mmHg
- For persistent hypotension refer to **Shock Protocol**

Nausea/Vomiting

- Ondansetron 4 mg IV/IO/IM/ODT PRN, MR x1, total 8 mg

Adult Base Hospital Orders

- Additional glucose dosing per BH
- Time is brain tissue in strokes. Expedited 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 and provide appropriate spinal precautions
- Large bore (> 18 gauge IV) is preferred for suspected stroke

APPROVED:

Signature on File

Katherine Staats, M.D. FACEP

EMS Medical Director