

Treatment Protocols**Date: 07/01/2023*****Stroke - Pediatric*****Policy #9220P****Pediatric 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, ECG, and capnography (if ALS available)
- Prevent aspiration – elevate head of stretcher 30 degrees if systolic BP significantly elevated for age
- Maintain head and neck in neutral alignment, without flexing the neck
- Protect paralyzed limbs from injury

Hypoglycemia, Glucose < 60 dL/mg (adult), 60 dL/mg (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**
- If suspected poisoning, including opioid overdose, go to **Poisoning Protocol**
- **Do not delay transport for interventions and transport to the appropriate receiving facility**

Pediatric LALS Standing Orders

- Establish IV

HYPOGLYCEMIA (<60 mg/dL in children, <45 mg/dL in neonates)

- Dextrose 10% IV per dosing chart, MR x1

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- Glucagon IM per dosing chart if BS level low or unobtainable

Hypotension

- 10-20 mL/kg NS IV bolus; titrated to age-appropriate systolic BP MR x1
- For persistent hypotension, refer to **Shock Protocol**

Pediatric ALS Standing Orders

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

HYPOGLYCEMIA (<60 mg/dL in children, <45 mg/dL in neonates)

- Dextrose 10% IV/IO per dosing chart, MR x1
- Glucagon IM per dosing chart if BS level low or unobtainable

Hypotension

- 10-20 mL/kg NS IV/IO bolus; titrated to age-appropriate systolic BP MR x1
- For persistent hypotension, refer to **Shock Protocol**

Nausea/Vomiting

- Ondansetron 0.1 mg/kg, max 4 mg - IV/IO/IM/ODT PRN MR x1

Pediatric 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

APPROVED:

Signature on File

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