

Treatment Protocols**Date: 02/01/2021*****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)

Hypoglycemia, Glucose < 80 (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**

Pediatric LALS Standing Orders

- Establish IV
- Begin NS bolus 20 mL/kg IV PRN hypotension
- Ondansetron 0.1 mg/kg (max 4 mg) ODT/IV PRN nausea/vomiting

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

- Dextrose 10% IV dosing per chart, may repeat once (1)
- Glucagon – IM dosing per chart if no IV and BS level low or unobtainable

Treatment Protocols

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Stroke - Pediatric

Policy #9220P

Pediatric ALS Standing Orders

- Continuously monitor pulse oximetry, blood pressure, ECG, and capnography
- Obtain 12 Lead EKG
- Establish IO PRN
- Ondansetron 0.1 mg/kg (max 4 mg) IO/IV/ODT for nausea/vomiting

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

- Dextrose 10% - IV/IM/IO dosing per chart, may repeat once (1)
- Glucagon – IM dosing per chart if no IV and BS level low or unobtainable

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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