

OPERATIONS: BLS/ALS TREATMENT PROTOCOLS

DATE: Rev. 4/16/12

SUBJECT: **ALTERED NEUROLOGIC FUNCTION (NON-TRAUMATIC)**

POLICY NUMBER: 9130

<u><b>BLS</b></u>	<u><b>ALS</b></u>
<p>Ensure patent airway, monitor O2 saturation prn, give oxygen (Saturation &lt;94%) and/or ventilate prn.                      Position patient as follows:                      If conscious with suspected CVA, elevate head 20-30 degrees                      If unconscious, place patient lateral recumbent                      Immobilize spine if indicated</p> <p><u><b>HYPOGLYCEMIA (suspected)</b></u>                      If patient is awake, has a gag reflex and can swallow:                      Give oral glucose solutions to include:                      fruit juices, 2-3 packets of granulated sugar dissolved in liquid,                      glucopaste on tongue depressor placed between cheek and gum, glucose tablets: 2-3 tablets, repeat as needed</p> <p><u><b>SEIZURES</b></u>                      Protect from injury                      Treat associated injuries  <u><b>Febrile seizures (pediatric)</b></u>                      Remove clothing                      Avoid shivering</p>	<p>Glucometer                      Monitor ECG/monitor O2 saturation prn                      Establish Saline lock/IV prn</p> <p><b>SO</b></p> <p><u><b>HYPOGLYCEMIA</b></u> (Symptomatic patient with altered LOC or insufficient response to oral glucose preparations)</p> <p><b>SO</b> Dextrose 50% 25 gm IV if BS level &lt; 60 mg/dL or unobtainable; may repeat per SO</p> <p style="text-align: center;"><b>OR</b></p> <p><b>SO</b> Glucagon 1 mg IM if no IV and BS level &lt; 60 mg/dL or unobtainable</p> <p><u><b>SEIZURES</b></u> <b>For generalized seizures that last longer than 5 min., seizures that cause respiratory compromise, or generalized seizures that are recurrent without lucid interval:</b></p> <p><b>SO</b> Midazolam 0.1 mg/kg slow IV (1 mg/min) to max 5 mg (discontinue if seizure stops); may repeat X 1 in 10 min. per SO</p> <p style="text-align: center;"><b>OR</b></p> <p><b>SO</b> Midazolam 0.2 mg/kg IM (2-3 mL increments) to max 10 mg; may repeat X 1 in 10 min. per SO</p> <p style="text-align: center;"><b>OR</b></p> <p><b>SO</b> Midazolam 0.2 mg/kg IN (2-3 mL increments) to max 10 mg; may repeat X 1 per BH</p> <p><u><b>PEDIATRIC NOTE:</b></u>  <b>Refer to Pediatric Drug Guide</b></p> <p><b>SO</b></p>

**SUSPECTED CEREBROVASCULAR ACCIDENT** Important: document time of onset of symptoms. If possible take witness who can establish onset to hospital.

Patients exhibiting any of the signs/symptoms of stroke which started within the previous four hours may be experiencing an acute stroke. Assess for signs of obvious asymmetry:

- Check for facial droop/asymmetry (ask patient to show their teeth or to smile - observing for asymmetry)
- Assess for motor weakness or paralysis (have patient extend both arms - observe for weakness / have patient perform hand grasps - assess grip strength)
- Check for speech abnormalities (observe for slurring or inappropriate words)

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The Los Angeles Prehospital Stroke Screen (LAPSS) is useful to evaluate acute, non-comatose, non-traumatic neurologic complaints. It is based on six criteria - if all are checked "yes", or ("unknown") the patient has a high likelihood of having an acute stroke.

**LAPSS Criteria:**

- Age > 45 years
- History of seizures or epilepsy absent
- At baseline, patient is not wheelchair bound or bedridden
- Blood glucose between 60 and 400
- Obvious asymmetry (right versus left) in any of the following categories (must be unilateral):
  - \* Facial smile/grimace
  - \* Grip
  - \* Arm strength
- Duration of signs/symptoms < 24 hours

**Disposition:**

Patients with a high likelihood of an acute stroke should be transported to the appropriate receiving hospital with a functioning CT scanner.

**Alert receiving hospital early if patient meets stroke screen criteria.**

APPROVAL:



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