

# EL DORADO COUNTY EMS AGENCY

## PREHOSPITAL PROTOCOLS

Effective: July 1, 2015

Reviewed: July, 2017

Revised: July 2019



EMS Agency Medical Director

### STROKE

#### BLS TREATMENT

**ABCs / ROUTINE MEDICAL CARE** - administer oxygen at appropriate flow rate. Be prepared to support ventilation with appropriate airway adjuncts.

**PERFORM PATIENT ASSESSMENT INCLUDING:**

- Cincinnati Prehospital Stroke Scale (CPSS). See chart below.
- Glucose Level Assessment - obtain blood sample via fingerstick or via IV cath. Follow ALOC protocol for hypoglycemic treatment.
- Determine time of onset – Last known well time is time the patient was witnessed by another party to have been at their prior baseline.
- Has the patient had recent trauma or surgery?

Symptom	Test	Normal	Abnormal
<b>Facial Droop</b>	Ask patient to show teeth or smile	Both sides of face move equally	One side of face does not move as well as the other
<b>Arm Drift</b>	Ask Patient to close eyes and extend both arms out for 10 seconds	Both arms move the same or both do not move at all	One arm does not move or one arm drifts downward compared to the other
<b>Speech</b>	Ask the patient to say, "You can't teach an old dog new tricks"	Uses correct words with no slurring	Uses the wrong words, slurs words or is unable to speak
<b>Interpretation</b>	<b>If any (1) sign is abnormal, probability of a stroke is 72%</b>		

**Suspect Ischemic Stroke for the following:**

- New onset symptoms with abnormal CPSS
- New onset altered state with unidentifiable etiology

**Suspect Hemorrhagic Stroke for the following:** (Pt may not have ischemic stroke symptoms)

- Sudden onset severe headache, often described as "the worst headache of my life"
- ALOC/seizures
- Nausea and/or vomiting
- Marked hypertension

**PROTOCOL PROCEDURE:** Flow of protocol presumes that condition is continuing. Immediate, rapid transport is preferred with treatment performed en route. Contact base station for consideration of air ambulance transport for patients in remote areas with long transport times.

**Whenever possible, transport a family member or medical power of attorney (POA) with the Patient to the ED.**

#### ALS TREATMENT

Patients who show signs and symptoms of stroke must be treated as a time-sensitive emergency and should be transported without delay to the closest institution that provides emergency stroke care. (All ERs that serve as closest receiving facilities for El Dorado County are stroke certified).

- **CONSIDER ADVANCED AIRWAY** – GCS  $\leq$  to 8 or need for airway protection.
- **CARDIAC MONITOR** – Consider 12 lead EKG (do not delay transport)
- **ESTABLISH IV/IO** – NS TKO. Twin Cath or a second line is preferred for thrombolytic candidates. Limit IV attempts to two.

**CONTACT BASE STATION - Notify of "STROKE ALERT "and relay ISCHEMIC/HEMORRHAGIC specific assessment information and ETA.**