6A - STROKE ADULT & PEDIATRIC

TREATMENT PRIORITIES

3 in 5 minutes of patient contact:
1. Vital signs
2. O_2 ONLY if indicated
3. Los Angeles Prehospital Stroke Screen

Early transport & ED notification if symptoms <23 hours

EMERGENCY MEDICAL DISPATCHER
EMERGENCY MEDICAL RESPONDER
EMT
EMT-INTERMEDIATE 85
ADVANCED EMT
PARAMEDIC

EMD

ADVISE TO AVOID PHYSICAL EXERTION
OR ENVIRONMENTAL STRESS (TEMP EXTREMES).
CONDUCT STROKE SCREENING QUERY IF AUTHORIZED BY LOCAL MEDICAL DISPATCH PROTOCOL.

EMR | EMT

GENERAL SUPPORTIVE CARE
OBTAIN VITAL SIGNS
O_2 VIA NC, NRB, OR BVM ONLY IF DYSPNEA OR PULSE OX <94% AT ROOM AIR

LOS ANGELES PREHOSPITAL STROKE SCREEN
AGE OVER 45 YEARS?
NO PRIOR HX OF SEIZURE DISORDER?
NEW ONSET OF NEUROLOGIC SYMPTOMS IN LAST 24 HRS?
PATIENT AMBULATORY AT BASELINE [PRIOR TO EVENT]?
BLOOD GLUCOSE 50 TO 400 mg/dL?
FACIAL DROOP; ARM DRIFT; IMPAIRED SPEECH?

EARLY "STROKE ALERT" NOTIFICATION TO RECEIVING EMERGENCY DEPARTMENT
WITH DEFINITIVE STROKE SYMPTOMS IF LESS THAN 23 HOURS DURATION
ADVISE TIME OF LAST ACCURATELY KNOWN BASELINE NEUROLOGICAL STATUS (LAST "NORMAL" FOR PT)
OBTAIN CELLPHONE NUMBER(S) OF FAMILY MEMBER(S) TO PROVIDE ED STAFF UPON ARRIVAL

APPLY CARDIAC MONITOR/OBTAIN 12-LEAD ECG (if equipped)
TRANSMIT 12-LEAD ECG TO RECEIVING EMERGENCY DEPARTMENT

EMT OR HIGHER LICENSE:
MEASURE END-TIDAL CO_2 & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, **Mandatory use if pt intubated)
PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS ARE INEFFECTIVE

EMT-I85 | AEMT

ADULT: INTUBATE IF INDICATED

IV ACCESS
IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS
IV NS 250 mL BOLUS IF SYS BP <100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA,
REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA

PARAMEDIC

ADULT: MEDICATION-ASSISTED INTUBATION IF INDICATED

EVALUATE FOR OTHER ALTERED MENTAL STATUS ETIOLOGIES. TREAT PER APPROPRIATE PROTOCOL(S)
CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)