4. Evaluate for the presence of stroke mimics including:
   a. Hypoglycemia
   b. Seizure
   c. Sepsis
   d. Migraine
   e. Intoxication

Treatment and Interventions

1. Determine "last known well" time
2. Administer oxygen as appropriate with a target of achieving 94–98% saturation
3. If seizure activity present, treat per Seizures Guideline
4. Check blood glucose level (BGL)
   a. Treat only if glucose less than 60 mg/dL
5. Acquire 12-lead EKG, if possible
6. Early hospital notification per local stroke plan that should include any suspected large vessel occlusion (LVO) stroke

Patient Safety Considerations

1. Prevent aspiration – elevate head of stretcher 15–30 degrees if systolic BP greater than 100 mmHg
   a. Maintain head and neck in neutral alignment, without flexing the neck
2. Protect paralyzed limbs from injury
3. Avoid multiple IV attempts

Notes/Educational Pearls

Key Considerations

1. Transport and destination decisions should be based on local resources and stroke system of care
   a. Destination hospitals may include:
      i. Stroke Ready
      ii. Primary Stroke Center
      iii. Thrombectomy-capable Stroke Center
      iv. Comprehensive Stroke Center
2. Time of onset of stroke or last known well is critical data for patient treatment
   a. Positive stroke scale with time of onset or last known well less than 4½ hours may be eligible for thrombolytic agents
   b. Positive stroke severity scale with time of onset or last known well less than 24 hours may be eligible for mechanical thrombectomy
      i. Consider transport to hospital capable of mechanical thrombectomy per local stroke plan
3. Do not treat hypertension
4. Place on cardiac monitor
5. **Pediatrics**:
   a. Treatment principles remain the same
   b. Although rare, pediatric patients can have strokes