

CVA Stroke One

- ABCs
- Oxygen 100%
- Transport ASAP ①
- IV NS TKO ②
- Monitor: Cardiac Rhythm, SpO2

Get EKG

BP
> 200/120

Yes

See Hypertension
Protocol ③ ④

No

Blood
Sugar

< 80

Dextrose 50%
25 gms. IVP

> 80

Onset of
Symptoms

< 3.5 hours

Call Stroke One –
thru Aircom

> 3.5 hours

- Raise HOB 45 degrees
- Transport ASAP

AirLink/ EMS/ ED Stroke Screening

I. Stroke Symptoms

1. Sudden numbness or weakness of face, arm, or leg, specifically to one side of the body
2. Sudden confusion, trouble speaking or understanding speech
3. Sudden trouble seeing in one or both eyes
4. Sudden trouble walking or dizziness, loss of balance or coordination
5. Sudden severe headache with no known cause

II. FAST Stroke Screen (Face-Arm-Speech-Time)

Facial Droop?

1. Have patient smile or show teeth
 - Normal: both sides of face move equally
 - Abnormal: one side of face weak/ unequal or movement absent

Arm Drift?

2. Extend arms, close eyes, palms up
 - Normal: both arms move equally or not at all
 - Abnormal: one arm drifts compared to the other arm

Speech?

3. Ask patient to repeat. "Bend is snowy in the winter"
 - Normal: Patient uses correct words with no slurring
 - Abnormal: Patient uses inappropriate or slurred words or is mute

Time?

- Time is < 3.5 hours?
- Time is last seen normal?

III. If patient has:

1. Any of the 5 stroke symptoms and/ or
2. Any abnormal findings on the Fast Screen and/ or
3. Symptoms < 3.5 hours duration.

1. Time in the field must be minimized

2. Glucose containing solutions should be avoided unless hypoglycemia is documented by rapid glucose test.

3. Goal of nonhemorrhagic stroke is TPA within 4 to 5 hours. If TPA is given prior to transport document start and completion times.

4. Target MAP for ischemic stroke is 120 – 140 mmHG.

Revised 12/2013