



4502

Suspected Stroke

Treatment Protocol



Last Reviewed: October 4, 2022

Last Revised: December 2, 2022

BLS Patient Management

- **Establish, maintain, and ensure:**
 - A. A patent and easily managed airway. Use manual maneuvers (head-tilt / chin-lift or jaw thrust), oropharyngeal suction and/or airway adjuncts (OPA / NPAs) as clinically indicated
 - B. Adequate respirations and tidal volume. Use a mouth-to-mask device or bag valve mask (BVM), when clinically indicated. Rescue ventilations via a BVM require the use of a manometer. Waveform / digital capnography is required when paramedics are present
 - C. Controlled bleeding. Use direct pressure and/or pressure dressing(s) and/or tourniquet(s) and/or hemostatic dressing(s), as clinically indicated

Give nothing by mouth

- **Oxygen**

As clinically indicated. Titrate to maintain, or increase, SpO₂ to a minimum of 94%. A range of 88-92% is acceptable for patients with a history of COPD
- Position the patient as clinically indicated for safety, comfort, and to meet physiologic requirements
- Protect the patient from injury. Loosen restrictive clothing. Avoid unnecessary movement. Preserve privacy
- Attach ECG leads to the patient when a paramedic is present
- Obtain and evaluate blood glucose
- **Determine**
 - Last known well time (LKWT)
 - The time the patient was discovered
 - The time the symptoms began and
 - If the patient uses of blood thinners

ALS Patient Management

- Establish, maintain, and ensure peripheral IV and/or IO access for emergency stabilization, and/or as clinically indicated

Consider the need for additional sites as clinically indicated
- Interpret and continuously monitor ECG and vital signs

- Perform modified Los Angeles Prehospital Stroke Screen (mLAPSS) Exam:
 - Evaluate the patients age, duration of symptoms, medical history implications AND
 - **Facial Symmetry:** Ask the patient to smile or show their teeth. Abnormal findings include one side of the face not moving or not moving as well as the other
 - **Arm Drift:** Ask the patient to close their eyes and hold their arms straight out to their front for a few seconds. Abnormal findings include one arm not moving or moving but drifting
 - **Grip Strength:** Ask the patient to reach out and squeeze both of your hands. Abnormal findings include unilateral weakness, bilateral weakness, or the inability to perform

mLAPSS Criteria	Yes	No	
1. Age over 17 years?			
2. No prior history of seizure disorder			
3. LKWT within 24 hours?			
4. Patient was ambulatory at baseline prior to event?			
5. Blood glucose between 60 and 400?			
6. Exam (<i>look for obvious asymmetry</i>):	Normal-Bilaterally	Right	Left
• Facial Smile/ Grimace	<input type="checkbox"/>	- Droop - Normal	- Droop - Normal
• Grip	<input type="checkbox"/>	- Weak Grip - Normal	- Weak grip - Normal
	<input type="checkbox"/>	- No grip - Normal	- No grip - Normal
• Arm Weakness	<input type="checkbox"/>	- Drifts down - Normal	- Drifts down - Normal
	<input type="checkbox"/>	- Falls down rapidly - Normal	- Falls down rapidly - Normal

mLAPSS is positive if criteria #1-5 are YES and unilateral weakness is present in any finding of #6.
 If mLAPSS is positive, initiate rapid transport and early stroke receiving center notification.
 Transport patient to closest most appropriate stroke center.

Patient Disposition

- Attempt to limit scene time to ten (10) minutes or less, do not delay transport with nonessential treatment
- Prior to transport, contact the closest most appropriate stroke center for early notification and Stroke Team activation