

**Treatment Protocols****Stroke - Adult****Date: 07/01/2023****Policy #9220A****Adult BLS Standing Orders**

- **Universal Patient Protocol**
- Assess and control airway and breathing as needed per **Airway Policy**
- Test glucose
- Prevent aspiration – elevate head of stretcher 30 degrees if systolic SBP >100 mmHg
- Maintain head and neck in neutral alignment, without flexing the neck
- Protect paralyzed limbs from injury

**Hypoglycemia, Glucose < 60 mg/dL (adult)**

- Administer glucose PO, If patient is alert, has a gag reflex, and can swallow:
  - Glucose paste on tongue depressor placed between cheek and gum
  - Granulated sugar dissolved in liquid
- Assess for traumatic injury. If present, go to **Trauma Protocol**
- Gather history from patient, and if patient unable to provide history, ask bystanders, family or friends
- Bring family or friend to hospital if available for history

**Complete B.E.F.A.S.T. Stroke Screening:**

<b>B</b>	<b>Balance or Leg Weakness</b>	<b>1 point</b>
<b>E</b>	<b>Eyes – Partial or Complete Vision Loss</b>	<b>1 point</b>
<b>F</b>	<b>Facial Asymmetry</b>	<b>1 point</b>
<b>A</b>	<b>Arm Weakness</b>	<b>1 point</b>
<b>S</b>	<b>Speech Abnormalities</b>	<b>1 point</b>
<b>T</b>	<b>Last Known Normal</b>	<b>Note</b>

**If any positives on BEFAST survey, alert BH as potential stroke alert.****Seizure**

- Confirm patient has not had a seizure during the duration of stroke symptoms. If patient has had a seizure during the duration of stroke symptoms or is actively seizing, see the **Seizure Protocol**
- If suspected poisoning, including opioid overdose, go to **Poisoning Protocol**
- **Do not delay transport for interventions and transport to the appropriate receiving facility**

**Adult LALS Standing Orders**

- Establish IV

**HYPOGLYCEMIA, Glucose < 60 mg/dL**

- Dextrose 50% - 25 gm IV if BS level < 60 mg/dL or unobtainable, MR x 1
- Glucagon - 1 mg IM if no IV and BS level < 60 mg/dL or unobtainable

**Hypotension**

**Treatment Protocols****Stroke - Adult**

- NS 500-1,000 mL IV MR x 1 to a max of 2,000 mL to maintain a SBP of  $\geq$  90 mmHg
- For persistent hypotension refer to **Shock Protocol**

**Adult ALS Standing Orders**

- Monitor EKG
- Establish IV/IO
- Capnography
- 12 Lead ECG

**HYPOGLYCEMIA, Glucose < 60 mg/dL**

- Dextrose 50% - 25 gm IV/IO if BS level < 60 mg/dL or unobtainable, MR x 1
- Glucagon - 1 mg IM if no IV and BS level < 60 mg/dL or unobtainable

**Hypotension**

- NS 500-1,000 mL IV/IO MR x 1 to a max of 2,000 mL to maintain a SBP of  $\geq$  90 mmHg
- For persistent hypotension refer to **Shock Protocol**

**Nausea/Vomiting**

- Ondansetron 4 mg IV/IO/IM/ODT PRN, MR x1, total 8 mg

**Adult Base Hospital Orders**

- Additional glucose dosing per BH
- Time is brain tissue in strokes. Expedited transport to the hospital should be priority to decrease poor outcomes
- Ground level falls can cause intracranial bleeding that can mimic strokes in the elderly, chronic alcoholic abusers, and for patients on blood thinners. Have a low threshold to consider trauma in these patients and provide appropriate spinal precautions
- Large bore (> 18 gauge IV) is preferred for suspected stroke

APPROVED:

Signature on File

Katherine Staats, M.D. FACEP

EMS Medical Director