1. Basic airway
2. Spinal motion restriction prn
3. Pulse oximetry
4. Oxygen prn
5. Advanced airway prn
6. If shock, treat by Ref. No. 1246, Non-Traumatic Hypotension Treatment Protocol
7. Cardiac monitor: document rhythm and attach ECG strip if dysrhythmia identified
8. Venous access prn
9. Perform blood glucose test, if blood glucose is less than 60mg/dl:
   Consider oral glucose preparation if patient is awake and alert
   **Dextrose 10% 250mL IV**
   Infuse 125mL, and reassess
   If positive response, stop infusion
   If minimal or no response, infuse the remaining 125mL for a total of 250mL
   **Pediatric: Dextrose 10% per Color Code Drug Doses LA County Kids**
   1mL/kg increments up to 5mL/kg
   If unable to obtain venous access:
   **Glucagon 1mg IM**
   **Pediatric: Glucagon per Color Code Drug Doses LA County Kids**
   0.5mg (0.5mL) IM < 1 year
   1mg (1mL) IM 1 year or older
10. **CONTINUE SFTP or BASE CONTACT**
11. If blood glucose remains less than 60mg/dl:
   **Dextrose 10% 250mL IV**
   Infuse 125mL, and reassess
   If positive response, stop infusion
   If minimal or no response, infuse the remaining 125mL for a total of 250mL
   **Pediatric: Dextrose 10% per Color Code Drug Doses LA County Kids**
   1mL/kg increments up to 5mL/kg
   If unable to obtain venous access:
   **Glucagon 1mg IM**
   **Pediatric: Glucagon per Color Code Drug Doses/L.A. County Kids**
   0.5mg (0.5mL) IM < 1 year
   1mg (1mL) IM 1 year or older
12. SFTP providers are responsible for assuring the Primary Stroke Center (PSC) or Comprehensive Stroke Center (CSC) is notified of the patient’s pending arrival and contacting the base hospital to provide minimal patient information, including the results of the Modified Los Angeles Prehospital Stroke Screen (mLAPSS), Los Angeles Motor Score (LAMS), last known well date and time, and patient destination (may be done after transfer of care).

**SPECIAL CONSIDERATIONS**

Document time of symptom onset

In order to ensure that proper consent for treatment can be obtained by hospital personnel, if possible, document the name and contact information of the family member, caregiver, or witness who can help verify the patient’s last known well time in the Comments area of the EMS Report Form or ePCR. When practical, transport the witness with the patient.

Transport the patient in accordance with Ref. No. 521, Stroke Patient Destination.