Base Hospital Contact: Required prior to transport for all patients with suspected Stroke or TIA

1. Assess airway and initiate basic and/or advanced airway maneuvers prn (*MCG 1302*)

2. Administer **Oxygen** prn (*MCG 1302*)

3. Advanced airway prn (*MCG 1302*)

4. Initiate cardiac monitoring (*MCG 1308*)
   Perform 12-lead ECG if dysrhythmia suspected prn

5. Establish vascular access prn (*MCG 1375*)

6. Check blood glucose
   If < 60mg/dL or > 250mg/dL, treat in conjunction with *TP 1203-P, Diabetic Emergencies*

7. Assess for signs of trauma ❶
   If traumatic injury suspected, treat in conjunction with *TP 1244-P, Traumatic Injury* ❷

8. Document focal neurologic deficits, and date and time of Last Known Well Time (LKWT) ❸

9. **CONTACT BASE** and transport to PMC
SPECIAL CONSIDERATIONS

1. EMS Personnel are mandated reporters of child abuse and neglect. Communicate concerns about child abuse and/or neglect to accepting ED staff when home suggests children could be at risk for harm (e.g., unkempt home, evidence of drug or alcohol abuse, unsafe living conditions, known or suspected domestic violence), when the history does not match with the severity of physical findings (e.g., child posturing after a roll off the couch), when patterned injury or burns or noted (e.g., circular burns as from a cigarette, whip marks on the skin, burns of both hands or feet), or when child reports physical or sexual abuse. Children < 3 years of age and those with developmental delay are at increased risk of abuse. This must also be accompanied by notification to the Department of Children and Family Services (DCFS).

2. Stroke is rare in children as compared to adults. Children with focal neurologic deficits could have a stroke (rare) or a stroke mimic such as confusional migraine or petit mal seizures. LKWT for children determines time course of the disease and may have an impact on treatment. PMC is the best destination for these patients as subspecialty consultation will assist in establishing the diagnosis.