

TREATMENT PROTOCOL: STROKE / ACUTE NEUROLOGICAL DEFICITS *

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 50% 50ml slow IV push or 10% 250mL IVPB
 **Pediatric:** See Color Code Drug Doses/L.A. County Kids
Dextrose 10% 5mL/kg IV
Patient's weight <24kg – administer in 1mL/kg increments every 2min until symptom improvement or a total maximum dose of 5mL/kg
Patient's weight ≥24kg – administer in 1mL/kg increments every 2min until symptom improvement or a total maximum dose of 5mL/kg, OR rapidly infuse 120mL of 250mL IVPB, if no symptom improvement, administer remaining dose to a total maximum dose of 5mL/kg

If unable to obtain venous access:
Glucagon
1mg IM
May repeat one time in 20mins
 **Pediatric:** See Color Code Drug Doses/L.A. County Kids
10. **CONTINUE SFTP or BASE CONTACT**
11. 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.