

1. Assess airway and initiate basic and/or advanced airway maneuvers prn (*MCG 1302*)
2. Administer **Oxygen** prn (*MCG 1302*)
3. Initiate cardiac monitoring prn (*MCG 1308*)
4. For poor perfusion (*MCG 1355*), treat in conjunction with *TP 1207, Shock/Hypotension*
5. Establish vascular access prn (*MCG 1375*)
6. Check blood glucose
If < 60mg/dL or > 400mg/dL, treat in conjunction with *TP 1203, Diabetic Emergencies*
7. For vertigo: ❶
Perform and document mLAPSS
If mLAPSS positive and/or stroke suspected, treat per *TP 1232, Stroke/CVA/TIA* ❷ ❸
8. For nausea or vomiting:
Ondansetron 4mg ODT/IV/IM, may repeat x1 in 15 min prn

SPECIAL CONSIDERATIONS

- ① Dizziness is often used to describe two different feelings; vertigo and lightheadedness. Vertigo is the sensation of a person or their surroundings moving when no actual movement is occurring. People often describe the feeling of spinning, falling, tilting, or being off balance. This is often associated with nausea/vomiting. Lightheadedness can lead to feeling faint or syncope, and the patient often reports improvement with supine position.
- ② Using a stroke scale, such as mLAPSS, increases the chances of diagnosing a stroke. However, stroke scales do not identify all strokes. Vertigo may be a symptom of a cerebellar stroke. If patient's coordination or gait is abnormal with complaint of vertigo, strongly consider stroke.
- ③ Last known well time (LKWT) determines the patient's eligibility for TPA and/or interventional procedures for clot removal. Document the name and contact information of the family member, caregiver, or witness who can verify the patient's LKWT and report this information to ED providers. If possible, transport the witness with the patient.