

(2-45) General: Stroke

EMT

- ABCs and vital signs
- Airway management and appropriate oxygen therapy
- Check blood glucose level, if equipped. If abnormal, refer to the “General: Hyperglycemia” or “General: Hypoglycemia” protocol, as indicated
- Perform a neurological exam, including Cincinnati Stroke Scale or other regionally approved stroke scale
- Determine the **exact time** the patient was **last in his or her usual state of health and/or seen without symptoms** by interviewing the patient, family, and bystanders
- If time from symptom onset to estimated arrival in the ED will be less than 5 hours, transport the patient to a NYS DOH Designated Stroke Center, or consult medical control to discuss an appropriate destination facility
- Notify the destination hospital ASAP
- Request ALS, if available, but do not delay transport to appropriate hospital



EMT STOP

ADVANCED

- Vascular access



ADVANCED STOP

CC

PARAMEDIC

- Cardiac monitor
- 12-lead ECG when possible
- Maintain systolic BP > 120 mmHg or MAP > 90 mmHg
If systolic BP > 220 mmHg or diastolic BP > 120 mmHg, contact medical control



CC AND PARAMEDIC STOP

MEDICAL CONTROL CONSIDERATIONS

- Metoprolol 5 mg slow IV push

Reference

Cincinnati Prehospital Stroke Scale:

- Have the patient repeat, “You can’t teach an old dog new tricks”
 - Assess for correct use of words and lack of slurring
- Have the patient smile
 - Assess for facial droop
- Have the patient close eyes and hold arms straight out for 10 seconds
 - Assess for arm drift or unequal movement of one side

