Protocol
M-04

SECTION: M-04

PROTOCOL TITLE: Adult CVA

REVISED: November 1, 2018

General Comments: Acute stroke care is rapidly evolving. Current research and guidelines suggest that while select patients may benefit from intervention out to 24 hours, the sooner the patient receives appropriate care, the better the outcomes. Therefore Stroke Care is focused around early recognition and transport to an appropriate facility (*See Protocol G-02: Hospital Destination*). All level of providers are essential in this process.

BLS SPECIFIC CARE: *See adult General Medical Care Protocol M-1*

- Assess patient's ability to swallow and cough, maintain airway through suction
- Assess blood glucose
- Determine time of onset of symptoms or time "last seen normal"
- Minimize on-scene time. Perform only essential procedures on-scene and defer others until transport has been initiated
- Perform appropriate Stroke Assessments (*Appendix 13*).
    - Document as appropriate.
    - Relay possible acute stroke findings to the transporting EMS unit.
- Facilitate rapid notification of "Brain Attack"/"Code Stroke" and transport to an appropriate medical facility

AEMT/O.M. SPECIFIC CARE: *See adult General Medical Care Protocol M-1*

- In acute onset (**less than 24 hours**), an end goal of 2 IV lines is desirable to facilitate CATH-lab/thrombolytic care.
    - *Preference* is to have at the minimum 1 single lumen IV established using a 20g or larger *in the right AC*.
- Correct hypoglycemia if necessary

ALS SPECIFIC CARE: *See adult General Medical Care Protocol M-1*

- Be prepared to treat seizures (*See Protocol M-05 Adult Seizure Activity*)
- Treat Nausea and/or vomiting as needed (*See Protocol M-08 Adult Vomiting/Severe Nausea/Vertigo*)

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Physician Pearls

Uncorrected hypoglycemia can present as a stroke. Treat Hypoglycemia judiciously, while avoiding hyperglycemia if possible.

Lowering BP in the face of a hemorrhagic CVA can be catastrophic.

There are few pre-hospital *interventions* which affect the outcome of stroke, but prehospital *assessment and detection* of stroke (followed by appropriate transport) can be lifesaving.

The most important thing we can do is expeditiously transport the patient to the closest appropriate facility (see Destination Protocol)

The second most important is to determine the time of onset of the patient's stroke symptoms. Interview the family, staff, and bystanders to determine when the patient was last known to be normal (for the patient). This is the single most important piece of information for ER providers. If an acute stroke is suspected the receiving facility shall be informed of an incoming CODE STROKE/BRAIN ATTACK patient as soon as possible.

Consider atypical presentation of stroke, such as vertigo/ataxia with a cerebellar stroke.