

**CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES**

A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 510.16
Subject	Basic Life Support Treatment Protocols STROKE	Page 1 of 2
References	Title 22, Division 9, Chapter 2 of the California Code of Regulations	Effective Fresno County: 01/15/82 Kings County: 04/10/89 Madera County: 06/15/85 Tulare County: 04/19/05

STANDING ORDERS	
1. Assessment	ABCs
2. Secure Airway	Protect with position, basic airway maneuvers, pharyngeal airway, assist respirations as needed, suction as needed.
3. Oxygen	High flow for altered mental status. Low flow for syncope. Refer to EMS Policy #510.04.
4. Suction	Suction secretions if necessary
5. Glucose Monitoring (Ambulance providers and approved agencies only)	Fingerstick for blood glucose testing. Record value on PCR and GCS at time of fingerstick.
6. Oral Glucose	Oral Glucose - if altered mental status more severe than disorientation to time or date, and if blood glucose is less than 80. May repeat in 5 minutes if altered mental status persists and repeat fingerstick is less than 80 (see Special Considerations below)
7. Transport	Minimize on scene time. Stat Transport or rendezvous with ALS ambulance if patient is unstable.
8. Contact Hospital	Per EMS Policy #510.02

SPECIAL CONSIDERATION AND PRIORITIES

1. Assessment – Airway, vital signs, mental status, pupils, needle tracks, head or spine trauma, pill bottles, ETOH, neuro deficits, focal seizure, postictal paralysis, and medications.
2. Historical Findings:
 - A. Patient has altered mental status, loss of speech, decreased sensation, or loss of motor function without suspected trauma.
 - B. Patient may have a past history of stroke or focal seizures.

Approved By	Daniel J. Lynch (Signature on File at EMS Agency)	Revision
EMS Director		06/01/2018
EMS Medical Director	Jim Andrews, M.D. (Signature on File at EMS Agency)	

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3. Physical Findings:

- A. Altered mental status. May range from confusion and disorientation to coma.
- B. Speech disturbances – inappropriate, incomprehensible, slurred, or complete loss of speech.
- C. Weakness or paralysis on one side of the body.
- D. Weakness, paralysis, or loss of expression on one side of the face.

4. Fingertick for blood glucose testing - The EMT may also perform an fingertick for blood glucose testing on a patient complaining of generalized weakness who presents with a diabetic history or is on diabetic medicine when family or acquaintance feels the patient is altered even if the patient is answering all questions appropriately. *This is based on EMT Judgement.* If a glucose monitor is performed and blood glucose is 80 or less, treat per protocol (i.e., orange juice sweetened with sugar, regular soft drinks or candy, or oral glucose).

5. Oral Glucose - Consider oral glucose in all patients, no matter what the GCS. This can be applied by rubbing the oral glucose on the inside of the patient's cheeks.

6. Special Notes and Emphasis

- A. *Document the **duration of the deficit** by identifying the *last time* the patient showed *normal* neurological function.
- B. *Encourage any individuals with knowledge of the patient's recent past medical history to proceed directly to the emergency department.
- C. *Those with transient neurological deficits or TIAs also need to be transported to the hospital for further evaluation, in order to avoid the completed stroke that may otherwise await them.
- D. *Some patients who have had a stroke may be unable to speak but are able to understand and remember what is said around them.

***NEW THERAPIES FOR STROKE ARE AVAILABLE:** However, successful use is only possible during a very short time window after the start of symptoms. **Notify the receiving hospital promptly, minimize scene time, and rendezvous with ALS unit or expediently transport the patient to the receiving hospital.** This is an important part of the strategy to treat stroke patients quickly.