

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 530.40
Subject	Paramedic Treatment Protocols SUSPECTED STROKE	Page 1 of 3
References	Title 22, Division 9, Chapter 4 of the California Code of Regulations	Effective 03/01/2024

STANDING ORDERS	
1. Assessment	ABCs.
2. Secure Airway	Protect with position, basic airway maneuvers, pharyngeal airway, advanced airway if indicated, assist respirations as needed, suction as needed.
3. Oxygen	Low flow. Refer to EMS Policy #530.02.
4. Monitor	Treat rhythm as appropriate.
5. Accucheck	Fingerstick for Chemstrip/Accucheck. Record value on PCR and GCS at time of fingerstick.
6. IV Access	Saline lock or IV LR TKO – Standard Tubing.
7. Dextrose	25 grams IV - if altered mental status more severe than disorientation to time or date, and if blood glucose is less than 80, or normal mental status and blood glucose less than 60. May repeat in 5 minutes if altered mental status persists and repeat fingerstick is less than 80, or normal mental status and blood glucose less than 60
8. Glucagon	1 mg (1 ml) intranasally (0.5 mg per nostril) using mucosal atomizer device (MAD) – if altered mental status more severe than disorientation to time or date, and blood glucose is less than 80, or normal mental status and blood glucose less than 60, and unable to start IV. May repeat in 5 minutes if altered mental status persists and repeat glucose is less than 80, or normal mental status and blood glucose less than 60 Intramuscular (IM) - Administer 1 mg if unable to administer intranasally.
9. Perform	G-FAST Stroke Assessment. Document on PCR. NOTE: Blood glucose must be ≥ 80 before initiating G-FAST Stroke Assessment.
10. Transport and contact the Stroke Center	Keep scene time <10 minutes. Standard Call-In to nearest appropriate Stroke Center per destination policy #547.

Approved By	Revision
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SPECIAL CONSIDERATION AND PRIORITIES

1. Assessment – Perform the G-FAST Stroke Assessment

G-FAST STROKE ASSESSMENT				
Sign / Symptom	How Tested	Normal	Abnormal	Score
Gaze Abnormality	Have the patient look to the left and right without moving their head.	Patient can gaze fully to both sides.	Patient only looks in one direction.	Normal = 0 Abnormal = 1
Facial Droop	Have the patient show their teeth or smile.	Both sides of the face move equally.	One side of the face does not move as well as the other.	Normal = 0 Abnormal = 1
Arm Drift	The patient closes their eyes and extends arms straight out for 10 seconds.	Both arms move about the same, or do not move at all.	One arm either does not move, or one arm drifts downward compared to the other.	Normal = 0 Abnormal = 1
Speech (unless under the influence of alcohol or drugs)	The patient repeats “You can’t teach an old dog new tricks.”	The patient says the correct words with no slurring of the words.	The patient slurs words, says the wrong words, or is unable to speak.	Normal = 0 Abnormal = 1
Time last seen normal				No points

2. If any portion of the G-FAST Stroke Assessment is documented abnormal (excluding slurred speech in someone who is under the influence of alcohol or drugs) and is a new finding, the stroke assessment is positive and may indicate an acute stroke. A score of 4 is suggestive of a more severe type of stroke called a large vessel occlusion (LVO) and transport to a Comprehensive Stroke Center may be indicated per destination policy 547.
3. Document the last time the patient was seen **normal** as an actual time. (Example 13:45, not 45 minutes ago). If the patient woke up and noticed symptoms, time starts when the patient was **last seen normal**.
4. With the exception of oral glucose, do not give the patient fluids or solids by mouth. Patient may be at risk for aspiration. Administration of oral glucose is acceptable.
5. Keep the head elevated 30-45 degrees during transport.
6. Minimize scene time, and expediently transport the patient to the appropriate stroke center if the G-FAST Stroke Assessment is positive. Contact the stroke center early with a standard call-in format and include the findings of the G-FAST Stroke Assessment, the last known well time, the blood glucose, medications, and past medical history.
7. Have a family member or individual with knowledge of the patient’s medical history and last time patient was seen normal go to the hospital. Document the name and phone number of this individual on the PCR for the hospital to contact for information.
8. Special Considerations for STROKE Patients
 - a. Historical Findings:
 - Patient has acute loss of speech, unilateral decreased sensation, or unilateral loss of motor function without suspected trauma.
 - Patient may have a past history of stroke or focal seizures.
 - b. Physical Findings:
 - Speech disturbances – inappropriate, incomprehensible, slurred, or complete loss of speech.
 - Weakness or paralysis on one side of the body.

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- Weakness, paralysis, or loss of expression on one side of the face.
- Abnormal gaze or eye deviation to one side.
- 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.
- Patients who have had a stroke may be unable to speak but are able to understand and remember what is said around them.