

## ACUTE STROKE

1. Lay patient flat, unless signs of airway compromise are present, in which case the lateral recumbent (recovery) position should be used.

**Fig 3.1: Left lateral recumbent position**



2. Administer nasal cannula **oxygen** to maintain an O<sub>2</sub> saturation > 92%.
3. Apply cardiac monitor.
4. Establish IV, preferably with 16 or 18 ga and luer lock at hub. Use normal saline (establishment of IV should not delay transport).
5. Obtain blood specimen by performing a **blood draw**.
6. Do not administer anything by mouth.
7. Perform **blood glucose test**. If blood glucose is < 60 mg/dl, administer **D10** (10% in 250 mls NS up to 25 grams) IV/IO.
8. Protect paralyzed extremities.
9. Give the patient reassurance.
10. Perform prehospital stroke scale screen-FAST exam<sup>†</sup> and Stroke Severity Score (any deficits make the exam positive for a stroke).

**Table 3.1 FAST Exam:**

<b>F</b>	<b>Face:</b> Ask the person to smile. Does one side of the face droop?
<b>A</b>	<b>Arms:</b> Ask the person to raise both arms. Does one arm drift downward?
<b>S</b>	<b>Speech:</b> Ask the person to repeat a simple sentence (e.g. "It's sunny today."). Are the words slurred? Can the person repeat the sentence correctly?
<b>T</b>	<b>Time:</b> Last seen normal.

If FAST exam is positive, calculate Stroke Severity Score:

<b>Facial droop:</b>	Absent = 0	Present = 1	
<b>Arm drift:</b>	Absent = 0	Drifts = 1	Falls rapidly = 2
<b>Grip strength:</b>	Normal = 0	Weak = 1	No grip = 2
<b>Total Stroke Severity Score = (maximum of 5 points)</b>			

11. Obtain the following information

- ✓ Family contact number
- ✓ Medical history
- ✓ Medications (specifically, document if the patient takes Coumadin)

12. Encourage a family member to accompany the patient to the hospital, if possible.

13. Limit scene time to  $\leq$  15 minutes.

14. Follow **prehospital stroke triage procedure** to determine destination (consider air transport if ground transport time exceeds 30 minutes).

15. If the patient has signs or symptoms of an acute stroke onset within the last 24 hours, contact the receiving hospital as soon as possible to request a **stroke alert**<sup>†</sup> (use land line if more readily available than the HEAR system). Do not wait until the routine patch.

16. Reassess the patient's neurologic exam and document any changes.

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\*Avoid administration of anti-hypertension medications, dextrose in non-hypoglycemic patients, and excessive IV fluids unless fluids required to support blood pressure.

† Use this phrase: "Based upon the time last seen normal and clinical exam findings, we recommend a stroke alert".