

SYMPTOMS: Facial droop, slurred speech, localized weakness, gait disturbance, altered mentation, one side paralysis, severe headache, neck pain/stiffness, difficulty seeing, failure of the eyes to turn together in the same direction.

LIMIT SCENE TIME TO 10 MIN or LESS!

Assessment, Treatment and Interventions

ALL EMS LEVELS

1. Ensure patent airway.
2. Check for trauma. (If trauma, and GCS less than or equal to 13, treat per **Head Injury [T-7]** and **General Trauma guidelines [T-1].**)
3. Evaluate for presence of stroke using a validated prehospital stroke scale
 - a. Facial droop – ask patient to smile
 - b. Arms – ask patient to close eyes and hold out arms for count of 10 seconds
 - c. Speech – “You can’t teach an old dog new tricks”
4. Document “last known well” time.
5. Evaluate for the presence of stroke mimics including:
 - a. Hypoglycemia
 - b. Seizure
 - c. Sepsis
 - d. Migraine
 - e. Intoxication

EMR-O; EMT-R.

6. Obtain and monitor vital signs including pulse, respirations and blood pressure.
7. Determine SpO₂.
8. Administer oxygen as appropriate for dyspnea or distress with a target of achieving greater than 93% saturation for most acutely ill patients.
9. Check blood glucose level; treat per **Hypoglycemia guideline [M-9]** if glucose less than 60 mg/dL.
10. Treat Seizures per **Seizure guideline [M-12]**.
11. Elevate head of stretcher 15-30 degrees to prevent aspiration if systolic BP greater than 100 mm Hg.
12. Maintain head and neck in neutral alignment.
13. Notify hospital of possible stroke patient/stroke alert. Destination decision made on stroke system of care.

EMT-O

14. Acquire 12-lead ECG.

INT-R

15. Interpret 12-lead ECG.

