

Subject: Treatment Guidelines - ALS
Acute Cerebrovascular Accident (Stroke)

Associated Policies: 5323, 5334

- I. Priorities
 - A. ABC's.
 - B. Airway maintenance, support ventilation, prevent aspiration.
 - C. Identify and document progression of neurological deficits and level of consciousness.
 - D. Determine "last seen normal" or the exact time of onset of symptoms.
 - E. Rapid transport, if unconscious or conscious with progressive symptoms.

- II. Acute Cerebrovascular Accident (Stroke)

Sudden onset of weakness, paralysis, confusion, speech disturbances, may be associated with headache.

 1. Ensure a patent airway.
 2. Oxygen therapy based on oxygen saturations. Be prepared to support ventilations with appropriate airway adjuncts.
 3. Perform Cincinnati Stroke Scale (Think F.A.S.T. facial, arms, speech and TIME.) (see attached)
 4. Position patient supine or low fowlers if tolerated. Protect the airway from excessive secretions with suctioning.
 5. Cardiac monitor and obtain 12 Lead.
 6. IV access provide fluid boluses for hypotension. (Blood draw for labs).
 7. Determine blood glucose and administered Dextrose per policy.
 8. Contact base/modified base hospital as early as possible and advise of possible stroke symptoms and time last seen normal.

- III. Special Considerations:
 1. Expedite transport if the interval from the onset of symptoms to arrival at receiving facility is expected to be 3.5 hours or less.
 2. If exact time of onset of symptoms is unclear, use last time patient known to be at baseline for time of onset.
 3. If possible, bring a family member or other on-scene historian to the receiving facility.
 4. Rapid identification and transport of suspected stroke patients, along with a detailed history will help expedite patient evaluation at the receiving facility and make the widest range of possible treatment options available.

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Cincinnati Stroke Scale:

Facial Droop: Ask patient to smile or show their teeth. Asymmetry is abnormal.

Arm Weakness: Patient to close both eyes and extend both arms out straight, palms up, for 10 seconds. If both arms move the same or do not move, the test is normal. If one arm drifts downwards, the test is abnormal. Patient with arm weakness will tend to pronate (turn palms sideways or down).

Speech Abnormalities: Have the patient say, "The sky is blue today." If the patient speaks without slurring, the test is normal. If the patient slurs words or is unable to speak, the test is abnormal.

Time: Determine "last seen normal" or exact onset of symptoms.

If any one of these three tests is abnormal and is a new finding, the Stroke Scale is abnormal and may indicate an acute stroke.

Approved: _____



Date: 10-2-19

Approved as to Form: _____



Date: 10-1-19