## Sierra – Sacramento Valley EMS Agency Treatment Protocol

## **Suspected Stroke**

**N-3** 

Approval: Troy M. Falck, MD – Medical Director	Effective: 12/01/2021
Approval: Victoria Pinette – Executive Director	Next Review: 09/2024

Cincinnati Prehospital Stroke Scale (CPSS)			
Result			
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- Assess V/S, including SpO<sub>2</sub>
- O<sub>2</sub> at appropriate rate if hypoxemic (SpO<sub>2</sub> <94%) or short of breath
- Perform CPSS assessment

### Suspect stroke for either of the following:

- New onset symptoms with abnormal CPSS
- New onset altered state (GCS <14) with unidentifiable etiology

#### If stroke suspected:

- Determine time of onset of symptoms (pt last known normal)
  - When possible, obtain and relay to the receiving hospital the name/contact information of the individual who can verify the time of onset of symptoms (pt last known normal)
- Check blood glucose (if glucometer available)
- Transport as soon as possible (scene time should be ≤10 mins)



- Consider advanced airway if GCS ≤8 or need for airway protection
- Cardiac monitor, consider 12-lead EKG (do not delay transport to perform 12-lead EKG)
- Obtain blood draw if requested by stroke receiving center
- IV/IO NS TKO (may bolus up to 1000 mL)
- Transport to closest appropriate hospital
- Contact base/modified base hospital for destination consultation if necessary

# Are both the following present?

- Onset of symptoms ≤24 hrs (including wake-up stroke\*)
- ≤45 minute transport time to a stroke receiving center
- Transport to closest stroke receiving center

YES-

- Advise of "Stroke Alert" & time pt. last known normal
- Provide pt. identifying information if requested by stroke receiving center

\*Wake-up stroke definition: Pt awakens with stroke symptoms that were not present prior to falling asleep