

SECTION: M-04

PROTOCOL TITLE: Adult CVA

REVISED: November 1, 2017

BLS SPECIFIC CARE: See adult General Medical Care Protocol M-1

- Assess patient's ability to swallow and cough, maintain airway through suction
- Assess blood glucose
- Determine time of onset of symptoms or time "last seen normal"
- Minimize on-scene time. Perform only essential procedures on-scene and defer others until transport has been initiated
- Perform the Cincinnati Prehospital Stroke Scale (*Appendix 13*) and document the findings on the "Patient Information Sheet"
- Facilitate rapid notification of "Brain Attack" and transport to an appropriate medical facility

AEMT/O.M. SPECIFIC CARE: See adult General Medical Care Protocol M-1

- In acute onset (**less than 3 hours**), an end goal of 2 IV lines, (2 single lumen or 1 single lumen and 1 multi-lumen), is a desirable goal to facilitate cath-lab/thrombolytic care. Preference is to have at the minimum 1 single lumen IV established using an 18g or larger in the right AC.

ALS SPECIFIC CARE: See adult General Medical Care Protocol M-1

- Correct hypoglycemia if necessary
- Lowering BP in the face of a hemorrhagic CVA can be catastrophic
- Be prepared to treat seizures

Physician Pearls

There are few pre-hospital interventions which affect the outcome of stroke.

The most important thing we can do is expeditiously transport the patient to the closest appropriate facility (see Destination Protocol)

The second most important is to determine the time of onset of the patient's stroke symptoms. Interview family, staff, and bystanders to determine when the patient was last known to be normal (for the patient). This is the single most important piece of information for ER providers.

Consider atypical presentation of stroke, such as vertigo/ataxia with a cerebellar stroke

Protocol
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ADULT CVA