

STROKE/CVA/TIA

First Responder:

1. Perform initial assessment
 2. Assure airway is open, adequate breathing and pulse is present and adequate (if breathing absent begin assisted ventilations or if both absent begin ventilations and chest compressions per cardiac arrest algorithm)
 3. If patient unconscious or conscious with signs and symptoms of shortness of breath administer oxygen at 15 lpm per non-rebreather mask
 4. If patient conscious and alert without signs and symptoms of respiratory distress administer oxygen at 2-4 lpm per nasal cannula
 5. Maintain patient in position of comfort
 6. Monitor vital signs every 5-10 minutes
 7. **Perform Cincinnati Stroke Scale**
 - a. Have the patient smile
 - b. Have the patient close their eyes and hold both arms straight out with palms up for approximately 10 seconds
 - c. Have the patient say “you can’t teach an old dog new tricks”
- If any of these findings are positive assume stroke**
7. Establish time of onset of symptoms or last time patient seen normal
 8. Prepare/package patient for transport

EMT-Basic:

1. All the above
2. If respirations absent and patient has no gag reflex perform Combitube insertion per manufacturer’s guidelines
3. If approved to perform, monitor oxygen saturation and maintain saturation level of 93% or > per oxygen administration
4. Transport to appropriate facility
5. Notify receiving facility as soon as possible enroute

EMT-Basic Advanced:

1. Perform all the above
2. Initiate IV
3. If approved to perform, check blood glucose
4. Place patient on heart monitor
5. Call for ALS intercept if above findings abnormal and it will not interfere with transport time

EMT-Intermediate:

1. Perform all the above
2. If blood glucose < 60 mg/dl and IV patent, consider administration of Dextrose 25 g per IV

EMT-Paramedic:

1. Perform all the above
2. If blood glucose < 60 mg/dl and IV is not patent, consider administration of glucagon 1 mg IM
3. Consider performing 12 LEAD
4. Consider all other possible causes of decreased LOC