

Suspected Stroke/CVA/TIA

History	Signs and Symptoms	Differential Diagnosis
<ul style="list-style-type: none"> ▪ Previous CVA, TIA ▪ Previous cardiac/vascular surgery ▪ Associated Diseases: diabetes, hypertension, CAD ▪ Atrial fibrillation ▪ Medications (blood thinners) ▪ History of trauma 	<ul style="list-style-type: none"> ▪ Altered Mental Status ▪ Weakness / Paralysis ▪ Vision disturbances ▪ Impaired speech (aphasia or dysarthria) ▪ Syncope ▪ Vertigo / Dizziness ▪ Vomiting ▪ Headache ▪ Seizures ▪ Respiratory pattern change ▪ Hypertension / Hypotension 	<ul style="list-style-type: none"> ▪ Altered Mental Status ▪ TIA ▪ Seizure ▪ Hypoglycemia ▪ Stroke ▪ Tumor ▪ Trauma

ON SCENE:

1. Initial Assessment.

- Level of consciousness
- Assess and maintain airway, breathing, and circulation
- Vitals (blood pressure, pulse, respirations)

2. Provide oxygen as clinically indicated (maintain oxygen saturation $\geq 93\%$).

3. Cardiac Monitor, treat rhythm as clinically indicated.

4. Perform Cincinnati Stroke Scale (CSS).

5. If CSS positive for stroke, limit scene time to 10 minutes and notify receiving facility as soon as possible.

ENROUTE (TIME IS CRITICAL - Do not delay transport):

6. Initiate IV enroute per protocol.

7. Check blood glucose enroute and consider treatment if ≤ 60 mg/dl with Glucagon if no IV or 50 % Dextrose.

8. Perform 12 LEAD EKG enroute.

9. Notify receiving facility or Medical Control of any changes.

Critical:

- Special attention should be given to determining the time of onset of symptoms or establishing when patient was last seen normal.
- Transport with caregiver or obtain contact (cell) number, if possible.
- Patients head may be elevated to a 15-30 degree elevation but suspected stroke patients should not be transported in sitting position.
- Pre-Hospital Providers should not treat hypertension in a suspected stroke patient.
- Stroke treatment is time dependent – any possible stroke patient should be transported to the closest appropriate facility as soon as possible.