

Kittitas County Prehospital Care Protocols

Subject: CEREBROVASCULAR ACCIDENT (BLS) – DOH
Addendum

General

- I. Scene Size-Up/Initial Patient Assessment
 - A) Support ABC's
 - B) Check glucose, temperature, SPO2 (if possible)
 - D) NPO (nothing by mouth)
 - E) Protect C-spine if evidence of trauma.

- II. Focused History and Physical Exam
 - A) Perform FAST Assessment (**F**ace/**A**rms/**S**peech/**T**ime last normal)
If one component is abnormal, high probability of stroke.

Perform *F.A.S.T.* Assessment

- F**ace (unilateral facial droop) yes/no
- A**rms (unilateral drift/weakness) yes/no
- S**peech (abnormal/slurred) yes/no
- T**ime last normal (determine time patient last known normal)
Yes to any one sign = YES
No to all three signs = NO

- B) Limit scene time with goal of ≤ 15 minutes.
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- III. Transport
 - A) Early hospital notification (indicate "**STROKE ALERT**") – specify FAST findings (abnormal physical findings and time last normal).
 - B) Transport to closest hospital (this meets WA State Stroke Destination guidelines and regional patient care procedures for BLS in Kittitas County).
 - C) Rendezvous with ALS if suspected airway compromise

 - IV. Management/Ongoing Assessment en route
 - A) Normally, lay patient on back elevated approximately 20 degrees. If needed, roll patient to their side briefly to clear vomit from airway then return to back at 20 degrees (keep suction available.) Position patient for airway management or patient comfort as needed.
 - B) Reassess vitals every 15 minutes

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Medical Program Director: Jackson S. Horsley, MD