

Kittitas County Prehospital Care Protocols

Subject: CEREBROVASCULAR ACCIDENT

General

- A. Ensure and protect airway.
- B. Position patient for airway management or patient comfort as needed.
- C. Protect C-spine if evidence of trauma.
- D. Perform FAST Assessment (Face/Arms/Speech/Time last normal)
 1. If conscious without focal deficit, assess and transport per County Operating Procedures.
 2. If unconscious or focal deficits:
 - Treat respiratory distress with O₂ @ 12-15 lpm per non-rebreather mask *or* BVM, and suction PRN. If SP02 < 94%, titrate to > 94%.
 - If one component is abnormal, high probability of stroke. Refer to County Operating Procedure #3 – Triage & Transport and the WA StrokeTriage Destination Procedure.
 - Early Stroke Team activation (“STROKE ALERT”).
 - Specify FAST findings
 - Limit scene time with goal of ≤ 15 minutes
- E. If airway not maintained with BLS procedures, consider endotracheal intubation.
- F. Establish cardiac monitor.
- G. Establish peripheral IV access with 0.9% NaCl @ TKO, with 18 ga. in unaffected arm (affected arm is acceptable if necessary).
 1. Avoid glucose-containing and hypotonic solutions
 2. Determine blood glucose level.
- H. If indicated, administer **D50**, 25 gms, IV.
- I. If IV not available, consider **glucagon** 1.0 units.

Effective Date: 9-2017 (minor revisions)

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