

## Kittitas County Prehospital EMS Protocols

### SUBJECT: CEREBROVASCULAR ACCIDENT (CVA)

- 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 O<sub>2</sub> @ 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 Isotonic Crystalloid @ 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.
    - If indicated, administer **D50**, 25 gms, IV.
    - If IV not available, consider **glucagon** 1.0 units.