



(CVA) SUSPECTED STROKE



Escambia County, Florida - ALS/BLS Medical Protocol

This protocol is used for those patients exhibiting signs consistent with acute Stroke / CVA / "Brain Attack" (altered mental status, slurred speech, loss of function of any body part, hemiplegia, loss of vision, weakness of facial muscles, loss of sensation, drooling, etc.).

Other causes should be ruled out (hypoglycemia, drug overdose, hypoxia, etc.).

Supportive Care

1. [Medical Supportive Care](#), Transport Supine to Semi-Fowler's position, <30 degree elevation.
2. Do not administer oxygen when SpO₂ >95%. If SpO₂ = 90-94% administer oxygen via nasal cannula @ 2 lpm.

(If unable to maintain SpO₂ above 90, administer high-flow O₂).
3. When CVA is suspected, transport to the hospital should not be delayed.
4. **Determine onset time of Stroke symptoms. (Last Time Seen Normal)**

ALS Level 1

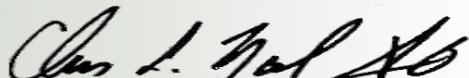
5. If patient does not have an intact gag reflex, [intubate](#). Hyperventilate only with clinical signs of brain herniation (unresponsive with unequal pupils).
6. Perform [glucose test](#) with finger stick. If glucose is below 60 mg/dL, see [Diabetic Emergencies](#).
7. If drug overdose is suspected, refer to [Toxicologic Emergencies](#).
8. If CVA is suspected, complete the [Stroke Alert check list](#). If positive, initiate **Stroke Alert** (a)(b).



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9. If CVA is suspected, initiate Stroke **Alert** and transport to appropriate Stroke facility (see [Hospital Capabilities](#))(c)

ALS Level 2 (*Physician Authorization Required*)

10. If no signs of fluid overload, (CHF, Pulmonary Edema, Renal Failure on dialysis) consider IV Normal Saline bolus 250 to 500 cc.

Note

- (a) Appropriate facility should be notified with consideration for emergency CT scan capabilities and fibrinolytic screening.
- (b) **In the presence of acute stroke (CVA), hypertension may only be lowered in special circumstances and only with a physician order (Level 2).**
- (c) Those patients who meet stroke criteria and whose onset of symptoms is within Five (5) hours should be transported to a Stroke Center.



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