

HEALTHEAST MEDICAL TRANSPORTATION  
MEDICAL OPERATIONS MANUAL

3E STROKE

PATIENT CARE GOALS

- Ensure adequate airway patency, ventilation, oxygenation, and perfusion.
- Provide rapid recognition for any signs and symptoms of stroke.
- Provide early “stroke code” notification and timely transport to a stroke treatment facility.

EMT

1. Assess the patient and provide initial care, including oxygen, blood glucose check and vascular access per **1B General Assessment and Care**. Consider possible causes and contributing factors that may mimic stroke.
2. Perform this modified Los Angeles Prehospital Stroke Screen (LAPSS) by assessing the following questions:
  - Was the onset of symptoms within the last 6 hours or upon awakening and within the last 6 hours?
  - Does the patient have unilateral asymmetry (e.g., facial droop, weakness)?
  - Is the patient’s blood glucose between 60 and 400 mg/dL?
  - Is the patient ambulatory at baseline?
  - Is the patient without a seizure history?
  - Is the patient 18 years of age or older.

If the answers are “yes” to all of these questions, the patient has a positive LAPSS and should be transported expeditiously.

3. Protect affected areas of the patient’s body.
4. Consider use of airway adjuncts and ventilation assistance, if needed.
5. Elevate the head of the stretcher by 30 degrees, unless contraindicated.
6. Provide “stroke code” notification to the receiving hospital early and provide sufficient information to allow preparation for stroke specialty treatment.
7. Activate a Stroke Code with the receiving hospital based on the following criteria:
  - A positive Los Angeles Prehospital Stroke Screen (LAPSS)
  - And/or, sudden onset of moderate to severe symptoms for any of the following when otherwise unexplained:
    - Difficulty swallowing
    - Trouble speaking or understanding
    - Numbness, weakness or paralysis of the face, arm, or leg on one side of the body
    - Dizziness or loss of balance or coordination
    - Trouble seeing in one or both eyes
    - Visual field cuts
    - Decreasing level of consciousness or coma
    - Severe headache with no known causes

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- Symptom onset must have occurred within the last 6 hours based on the time when the patient was last known to be at their neurological baseline, or upon awakening with symptoms less than 6 hours ago.

## PARAMEDIC

8. Treat hypoglycemia using caution per **3G Hypoglycemia** with target range for adults of 80-120 mg/dL.<sup>1</sup>
9. Treat seizures per **3F Seizures**.
10. Treat hypotension with normal saline to maintain a MAP greater than 65 mmHg.
11. Draw labs if transporting to a hospital that accepts pre-hospital blood draws.
12. Consider **7F Advanced Airway Management** for patients with Glasgow Coma Scale (GCS) less than 9 or inadequate gag reflex. If neurological deterioration and signs of herniation develop, ventilate with high flow oxygen via bag valve mask to maintain ET<sub>CO</sub><sub>2</sub> at 30 - 35 mmHg.
13. For severe hypertension in a suspected stroke, contact Medical Control for Nitroglycerin order prior to initiating treatment. Severe hypertension is defined as consistent readings of systolic blood pressure greater than 220 mmHg and/or diastolic blood pressure greater than 130 mmHg, and not an isolated high reading.
14. When treating hypertension in ischemic stroke, the target range should be between 180 mmHg and 220 mmHg systolic and between 80 mmHg and 120 mmHg diastolic.

## DOCUMENTATION KEY POINTS

- Time of onset, description, and progression of signs and symptoms.
- Time of “Stroke Code” activation
- Serial neurological assessment findings.
- Initial and ongoing assessments, monitoring, interventions, patient response, and complications (if any) encountered.

## NOTES

<sup>1</sup> Titrate dextrose carefully in patients with suspected stroke, as hyperglycemia can have detrimental effects on the brain.