

ACUTE STROKE

1. Lay patient flat, unless signs of airway compromise are present, in which case the lateral recumbent (recovery) position should be used.

Fig 3.1: Left lateral recumbent position



2. Administer nasal cannula **oxygen** to maintain an O₂ saturation > 92%.
3. Apply cardiac monitor.
4. Establish IV, preferably with 16 or 18 ga and luer lock at hub (establishment of IV should not delay transport):
5. Obtain blood specimen by performing a **blood draw**.
6. Do not administer anything by mouth.
7. Perform **blood glucose test**. If blood glucose is < 60 mg/dl, administer 50 ml of **50% dextrose** IV/IO.
8. Protect paralyzed extremities.
9. Give the patient reassurance.
10. Perform prehospital stroke scale screen-FAST exam[†] and Stroke Severity Score (any deficits make the exam positive for a stroke).

Table 3.1 FAST Exam:

F	Face: Ask the person to smile. Does one side of the face droop?
A	Arms: Ask the person to raise both arms. Does one arm drift downward?
S	Speech: Ask the person to repeat a simple sentence (e.g. "It's sunny today."). Are the words slurred? Can the person repeat the sentence correctly?
T	Time: Last seen normal.

If FAST exam is positive, calculate Stroke Severity Score:

Facial droop:	Absent = 0	Present = 1	
Arm drift:	Absent = 0	Drifts = 1	Falls rapidly = 2
Grip strength:	Normal = 0	Weak = 1	No grip = 2
Total Stroke Severity Score = (maximum of 5 points)			

11. Obtain the following information

- ✓ Family contact number
- ✓ Medical history
- ✓ Medications (specifically, document if the patient takes Coumadin)

12. Encourage a family member to accompany the patient to the hospital, if possible.

13. Limit scene time to \leq 15 minutes.

14. Follow **prehospital stroke triage procedure** to determine destination (consider air transport if ground transport time exceeds 30 minutes).

15. If the patient has signs or symptoms of an acute stroke onset within the last 6 hours, contact the receiving hospital as soon as possible to request a **stroke activation**[†] (use land line if more readily available than the HEAR system). Do not wait until the routine patch.

16. Reassess the patient's neurologic exam and document any changes.

*Avoid administration of anti-hypertension medications, dextrose in non-hypoglycemic patients, and excessive IV fluids unless fluids required to support blood pressure.

† Use this phrase: "Based upon the time last seen normal and clinical exam findings, we recommend a stroke activation".