CVA/TIA

EMR

- Routine Medical Assessment and Interventions
- Obtain SpO_2, and $ETCO_2$, readings via non-invasive devices if equipment is available/trained.
  - Attempt to maintain ETCO2 readings between 32mmHg and 35mmHg
- Administer Oxygen as indicated (SpO2 <94%)
- Position of comfort for patient – consider elevation of the patient's head to 30 degrees if possible.
- Complete 'Cincinnati Pre-Hospital Stroke Assessment' – positive result in 1 or more = 72% + probability of stroke.
- If onset of signs/symptoms can be definitively narrowed to < 4 hours and there is no improvement noted, then **Rapid Transport** and **Stroke Alert** are indicated.
  - In situations where emergent transport times may exceed 15 minutes, consider the use of Aero-Medical – See HEMS guideline.
- May acquire a 12-Lead ECG to relay to incoming Paramedic level providers if trained and equipment is available

EMT

- **Check glucose level**
  - If abnormal findings are noted, consider administration of **Oral Glucose** per diabetic emergencies guideline.

AEMT

- Initiate **vascular access**
- Obtain Standard **ECG**
- Consider administration of **Normal Saline** to maintain systolic blood pressure > 100mmHg.
- May administer **Dextrose IV/IO** to hypoglycemic patients presenting with stroke like symptoms – see diabetic guideline

EMT-I

- May consider **Ondansetron 8mg IV/IO/IM** for nausea

PARAMEDIC

- Acquire and interpret 12-lead as appropriate

EMR
EMT
AEMT
EMT-I
PARAMEDIC

Clinical Care Pearls

- Consultation with OLMC is always appropriate if there are questions regarding patient destination.
- Hospital staff may direct ambulance personnel directly to CT unit with patient upon arrival if onset is within the 4 hour window; the patient does not show signs of improvement, and there is no immediate concern for airway compromise. Be sure to relay information during HEAR report.

Interpretation: if any of these 3 signs is abnormal, the probability of a stroke is 72%

Arm Drift

The patient closes eyes and extends both arms straight out, with palms up for 10 seconds

- Normal – both arms move the same or both arms do not move at all (other findings, such as pronator drift, may be helpful)
- **Abnormal – one arm does not move or one arm drifts downward**

Facial Droop

The patient shows teeth or smile

- Normal – both sides of the face move equally
- **Abnormal – one side of the face does not move as well as the other side**

Abnormal Speech

The patient repeats "you can't teach an old dog new tricks"

- Normal – patient uses correct words with no slurring
- **Abnormal – patient slurs words, uses the wrong words, or is unable to speak**