

APPROVED: SIGNATURE ON FILE IN EMS OFFICE
Executive Director

SIGNATURE ON FILE IN EMS OFFICE
Medical Director

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SUPERSEDES: _____
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ACUTE CEREBROVASCULAR ACCIDENT (CVA)

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMT-Is and EMT-Ps in treating patients.
- III. PROTOCOL:

Characterized by weakness or paralysis on one side of the body or face, slurred speech, speech difficulty, difficulty with balance, difficulty in naming objects, confusion, difficulty swallowing, headache, visual disturbances (double vision, blindness, paralysis of extra-ocular muscles). Decreased consciousness is very rarely caused by a stroke.

STANDING ORDERS

ABC's

~~OXYGEN:~~ Oxygen delivery as appropriate

~~MONITOR:~~ Treat rhythm as appropriate.

IV/IO ACCESS Normal Saline TKO

~~DRAW BLOOD SAMPLE: TEST FOR GLUCOSE~~ Test for glucose: Finger Stick

~~DEXTROSE:~~ 25 gms IV push – if blood glucose less than 75 mg/dl. May repeat once. Recheck blood glucose in 5 minutes.

~~GLUCAGON:~~ 1 unit IM – if no IV access immediately available and blood glucose less than 75 mg/dl. May repeat once. Recheck blood glucose in 5 minutes.

~~ASSESS & DOCUMENT:~~ Los Angeles Prehospital Stroke Screen (LAPSS):

- ~~A. Age greater than 45~~
- ~~B. No history of seizures or epilepsy~~
- ~~C. Symptom duration less than 25 hours~~
- ~~D. At baseline, patient not wheelchair bound or bedridden~~
- ~~E. Blood glucose between 75 and 400~~
- ~~F. Unilateral weakness only on exam~~
 - ~~1. Facial smile or grimace~~
 - ~~2. Hand grip~~
 - ~~3. Arm strength (pronator drift)~~

Notify Base Hospital if all LAPSS criteria are met.