Stroke

A stroke is a sudden interruption in blood flow to the brain that results in a neurologic deficit.

Adult Routine Transport Orders

Place patient in the supine position (as tolerated), place in semi fowler position if indicated

Adult Airway Protocol

Stroke Screen-MEND Examination

If symptoms less than 4.5 hours and positive MEND Exam, consider Aeromedical evacuation to Stroke Center, or TeleStroke at KCH.

Adult IV/IO

Blood Glucose

Glucose < 60 mg/dl

Diabetic Emergencies Protocol

Consider administering **Dextrose 10% (D10)** 100 ml boluses until patient awake &/or follow up blood sugar > 60 mg/dl

Glucose > 60 mg/dl

Cardiac Monitor

"In a patient with a suspected stroke with a diastolic pressure of 120 mm/Hg, DO NOT TREAT FOR HYPERTENSION."

If patient is deteriorating and unable to self maintain airway, Intubate.

Note:
Upon dispatch or from caller information, patient may be described as being confused, weak on one side, or having difficulty with speech. However, upon arrival you may find the patient alert, oriented and normal by other criteria.
This might have been a Transient Ischemic Attack or TIA. **THIS PATIENT NEEDS TO BE TRANSPORTED.**

General

EMT

AEMT

Paramedic

Seizures

Some causes of seizures are: Head injury, overdose, stroke, hypoxia, infection, hypoglycemia, hyperglycemia, brain tumor, eclampsia, alcohol.

Adult Routine Transport Orders

Protect patient from further injury by controlling movements but not restraining.
Observe for possible etiology of seizure (*i.e.*, head trauma, overdose, meningitis, low blood sugar *etc.*).
Record, if possible, length of seizure and area of body involved.

Blood Glucose

Glucose < 60 mg/dl → **Diabetic Emergencies** Protocol

Adult IV/IO

If seizures are present

Midazolam (Versed) 10 mg MAD (5 mg/1 ml in each nares) or 5 mg IVP
If seizures persist > 5 minutes, repeat IV dose or 1/2 IN dose
WATCH FOR CHANGES IN RESP/PULSE/BP/SpO2.

Transport all patients experiencing first time seizure activity.
Suggest transport of patients with known seizure disorders if seizure different than normal or continues longer than 3 - 5 minutes.
Maintain airway but do not try to insert oral airway or orally suction during a seizure
Protect patient from injury
Consider the cause, transport medications to the hospital.

Seizure during pregnancy, see:
Obstetric Emergencies-Eclampsia

General
EMT
AEMT
Paramedic

Unconscious/Unknown

Fainting, "blacking out," or syncope is the temporary or transient loss of consciousness followed by the return to full recovery, but may encounter a short period of confusion. This loss of consciousness is accompanied by loss of muscle tone that can result in falling or slumping over.

Possible causes of syncope include: Hypoglycemia, Toxicity (alcohol, drugs, medications) Stroke, underlying cardiac dysrhythmias, history of head trauma and seizure.

Adult Routine Transport Orders

Spinal Injury Assessment
(If necessary)

Adult IV/IO

Consider **CO Poisoning**

Cardiac Monitor

Blood Glucose

Glucose 60 - 240 mg/dl

Also see:
Overdose

Glucose 60 - 240 mg/dl

Naloxone (Narcan)

0.4 - 2 mg IVP, IO, IN
May repeat every 5 minutes as needed

Administer in lowest dose as needed to maintain adequate respirations

EMT may administer via IN only
Naloxone (Narcan) 2 mg IN

Consider other causes:
Head injury, Overdose
Stroke, Hypoxia

Glucose < 60 mg/dl

See:
Diabetic Emergencies

General
EMT
AEMT
Paramedic