

SUSPECTED STROKE

INCLUSION Criteria: Patient has signs or symptoms consistent with possible stroke or a Transient Ischemic Attack (TIA)







EXCLUSION Criteria: Patients with symptoms that are readily resolved with treatment of hypoglycemia; patients with symptoms secondary to traumatic injury

OTHER GUIDELINES TO CONSIDER: [Airway Management](#), [Chest Pain/Acute Coronary Syndrome \(ACS\)](#), [Dizziness or Vertigo](#), [Hypoglycemia or Hyperglycemia](#), [Syncope](#), [Traumatic Injuries](#)

EMIR

- [Universal Care](#)
- If patient has impaired protective reflexes:
 - Initiate [Suctioning](#), if indicated
- Position patient with:
 - Neck midline in neutral position
 - Head of bead elevated 30° if SBP > 90 mmHg
- Protect paralyzed limbs from injury
- Complete [Stroke Scale](#) using BE-FAST stroke screening tool
 - If at least one BE-FAST criteria is positive and last known well time is < 24 hours or unknown:
 - Perform SNOw exam for large vessel occlusion (LVO) stroke
 - **Speech:** unable to speak/expressive aphasia
 - **Neglect:** lack of awareness to one side of body; patient neglects one side of their body or surroundings
 - **Ocular deviation:** eye gaze deviates to one side only and patient cannot look past midline to other side
 - If BE-FAST criteria negative document:
 - Results of BE-FAST stroke screen
 - Last known well time
 - Time of symptom identification
 - History of anticoagulants

B E F A S T

BALANCE	EYES	FACE	ARM	SPEECH	TERRIBLE HEADACHE
					
Sudden loss of balance?	Loss of vision in one or both eyes?	Face looks uneven?	Arm or leg weak/hanging down?	Speech slurred? Trouble speaking or seem confused?	Thunder clap headache? Worst headache of your life?

LVO		
Large Vessel Occlusion Screening Criteria		
	ASSESSMENT	Positive if ANY:
S	1) Ask patient to repeat the phrase: "You can't teach an old dog new tricks"	Mute
Speech Changes		Speaking gibberish Trouble speaking or understanding Trouble following commands
N	With patient's eyes closed: 1) Touch patient's RIGHT hand 2) Touch patient's LEFT hand 3) Touch patient's R & L hand at the same time	Patient can only feel touch on ONE side
Neglect		
O		1) Ask patient to look to the right 2) Ask patient to look to the left
Ocular Deviation		

- Check [Blood Glucose](#)
 - If blood glucose < 60, see [Hypoglycemia or Hyperglycemia](#) guideline
- Consider [Pulse Oximetry](#)
 - If pulse oximetry is less than 93%, titrate [Oxygen](#) to lowest level to maintain pulse oximetry at 93% or greater
 - Do not withhold oxygen if patient is having difficulty breathing or if unable to assess an oxygen saturation
 - If respirations ineffective, support ventilation with [Bag Valve Mask \(BVM\) Ventilation](#)

EMT	<ul style="list-style-type: none"> • If BE-FAST or SNOw criteria negative: <ul style="list-style-type: none"> ○ Transport to closest appropriate hospital ○ Notify hospital of neuro/stroke alert as soon as possible • If at least one SNOw criteria is positive and last known well time is < 24 hours or unknown: <ul style="list-style-type: none"> ○ Consider transport to the closest interventional stroke facility ○ Notify hospital of neuro/stroke alert and potential LVO stroke as soon as possible ○ Document: <ul style="list-style-type: none"> ▪ Results of BE-FAST & SNOw stroke screen ▪ Last known well time ▪ Time of symptom identification ▪ History of anticoagulants • If stroke suspected, DO NOT give medications to lower blood pressure unless directed by medical control <ul style="list-style-type: none"> ○ If SBP > 220 mg Hg or DBP > 120 mmHg, CONTACT ONLINE MEDICAL CONTROL
AEMT	<ul style="list-style-type: none"> • Consider IV/IO Access <ul style="list-style-type: none"> ○ Do not delay transport to obtain IV access • Consider Waveform Capnography • Consider Cardiac Monitoring • If hypotensive or with clinical signs of dehydration or poor perfusion, administer Fluid Bolus – IV/IO
INT	
PARA	
NOTES	<ul style="list-style-type: none"> • Bradycardia may be present in patients experiencing a stroke. Atropine is NOT to be given if the blood pressure is elevated • Presume a stroke until proven otherwise. Explore alternative conditions that mimic stroke: <ul style="list-style-type: none"> ○ Alcohol intoxication ○ Drug overdose ○ Hypoglycemia ○ Hypoxia ○ Infection ○ Seizure ○ Migraine ○ Neuropathies (Bell’s Palsy)

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