

TREATMENT PROTOCOL: STROKE / ACUTE NEUROLOGICAL DEFICITS *

1. Basic airway
2. Spinal immobilization prn
3. Pulse oximetry
4. Oxygen prn
5. Advanced airway prn
6. If shock, treat by Ref. No. 1246, Non-Traumatic Hypotension Treatment Protocol
7. Cardiac monitor: document rhythm and attach ECG strip if dysrhythmia identified
8. Venous access prn
9. Perform blood glucose test, if blood glucose is less than 60mg/dl:
Consider oral glucose preparation if patient is awake and alert
Dextrose
50% 50ml slow IV push
 **Pediatric:** See Color Code Drug Doses/L.A. County Kids
Less than 2yrs of age: Dextrose 25% 2ml/kg slow IV push
2yrs of age or older: Dextrose 50% 1ml/kg slow IV push up to 50ml
Caution in administering to alert patients with acute focal neurological deficits
If unable to obtain venous access:
Glucagon
1mg IM
 **Pediatric:** See Color Code Drug Doses/L.A. County Kids
10. **CONTINUE SFTP or BASE CONTACT**
11. SFTP providers are responsible for assuring the Approved Stroke Center (ASC) is notified of the patient's pending arrival and contacting the base hospital to provide minimal patient information, including the results of the mLAPPS, last known well date and time, and patient destination (may be done after transfer of care)
12. If unable to obtain venous access and blood glucose remains less than 60mg/dl:
Glucagon
1mg IM
May be repeated every 20min two times
 **Pediatric:** See Color Code Drug Doses/L.A. County Kids

SPECIAL CONSIDERATIONS

Document time of symptom onset

Transport the patient to the nearest ASC if mLAPSS screening criteria are met and transport time is equal to or less than 30minutes regardless of service area rules or considerations