

STROKE / TIA STANDING ORDER

Initiate immediate supportive care:

- O2 (keep O2 sat > 90%)
- Finger Stick Blood Glucose
- Cardiac Monitor

I N C L U S I O N

Use standing order on patients greater than 16 years of age with these symptoms:
(may be transient or present at time of assessment)

- slurred speech
- facial droop
- unequal grips/arms drift
- change in mental status- as documented by friend or family member
- sudden change in vision
- sudden severe or unexplained headache
- syncope/vertigo
- ataxia

E X C L U S I O N

This standing order should not be used on patients with these symptoms:

- Age < 16 years
- Cardiac dysrhythmias where resuscitative measures might be considered
- Unconscious/unresponsive
- FSBG < 60

Patient has mixed symptoms, does not meet inclusion criteria, or wishes to refuse.

Contact medical direction

If patient meets inclusion criteria evaluate using Cincinnati Stroke Scale:

- Facial Droop
- Arm Drift
- Slurred Speech

O R D E R S

If one or more stroke scale symptoms present:

- Initiate IV N/S TKO
- Establish and relay time of symptom onset
- Transport to nearest Primary Stroke Center if symptom onset is < 6 hours, when feasible, resources are available, and less than 15 minutes is added to the transport time when compared to transport to a non-Primary Stroke Center.
- In outlying areas with a transport time of greater than 30 minutes to a Primary Stroke Center, transport the patient to the closest facility, or consider air transport directly to a Primary Stroke Center.

If patient condition deteriorates contact medical direction.
Consider intubation if:

- Respiratory rate < 8 OR
- Patient unable to protect airway

A Primary Stroke Center is designated by JCAHO or another third party certifying body. Currently in SAEMS: UMC, TMC, SMH and SJH.