

STROKE 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 18 years or older with these symptoms: (may be transient or persistent)

- Slurred speech
- Facial droop
- Unequal grips/arms drift
- Change in mental status - as documented by friend or family member – not related to drugs, alcohol, trauma, seizure or diabetes
- Sudden *loss* of vision (complete or a portion of a visual field)
- Ataxia [dramatic, acute changes in coordination (arms, legs, or gait) or inability to make smooth, intentional movements in a patient with *normal* mental status]
- Sudden, severe, atypical headache

E X C L U S I O N

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

- Age <18 years
- Shock and/or respiratory distress
- Symptom onset > 6 hours or unknown
- Cardiac dysrhythmias where resuscitative measures might be needed
- Unconscious/unresponsive
- FSBG < 60
- Head trauma, drug or alcohol intoxication or seizure with postictal state likely

STROKE CENTER ASSESSMENT CRITERIA

If patient meets inclusion criteria, evaluate neurologic changes using Cincinnati Stroke Scale:

- Facial Droop
- Arm Drift
- Slurred Speech

Also evaluate for:

- Visual *loss* (including partial visual field deficits)
- Ataxia (defined above)

Patient does not meet inclusion criteria, or meets any exclusion criteria, or wishes to refuse transport

Transport to closest facility and/or contact medical direction

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

O R D E R S

Clear, acute neurologic changes meeting STROKE CENTER ASSESSMENT CRITERIA are 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
- In outlying areas with a transport interval of >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