

STROKE STANDING ORDER

Initiate immediate supportive care:

- O2 (keep O2 sat > 94%)
- Finger Stick Blood Glucose
- Cardiac Monitor

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Use standing order on patients 18 years or older with these symptoms: (may be transient or persistent)

- Facial droop
- Unequal grips/ arm drift
- Slurred speech
- 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]

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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 < 70 mg/dl
- Head trauma, drug or alcohol intoxication or seizure with postictal state likely

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 authority

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If clear, acute neurologic changes meeting Cincinnati Prehospital Stroke Scale CRITERIA are present:

- Initiate IV NS/LR TKO
- Establish and relay “STROKE ALERT” with time last seen normal
- 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 authority. Consider intubation following [Airway Management Procedure Protocol](#) if:

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

A Primary Stroke Center is designated by TJC or another third-party certifying body.

Currently in SAEMS:
NMC, OVH, TMC, SJH,
SMH, Banner UMC-
Tucson and VA

Special Note: Evaluate neurologic changes using Cincinnati Prehospital Stroke Scale which is a 3-item scale to diagnose a potential stroke in prehospital setting. If any one of the three tests shows abnormal findings, the patient may be having a stroke. Patients with 1 of these 3 findings as a new event have a 72% probability of an ischemic stroke. If all 3 findings are present the probability of an acute stroke is more than 85%

1. Facial Droop
2. Arm Drift
3. Slurred Speech