

### ***Stroke or Suspected Stroke***

1. Follow **General Pre-hospital Care-Treatment Protocol**.
-  2. Measure blood glucose (may be MFR skill, see **Blood Glucose Testing-Procedure Protocol**), if blood glucose is less than 60 mg/dL, treat per **Altered Mental Status-Treatment Protocol**.
3. If seizure, follow **Seizure-Treatment Protocol**.
4. Utilize the Cincinnati Pre-hospital Stroke Scale (CPSS). Once the CPSS has been completed, complete the remaining elements of the FAST-ED stroke scale. The screening requirements for these scales will include assessment of:
  - A. Facial droop/palsy (have patient show teeth or smile)
  - B. Arm drift/weakness (have patient close eyes and hold both arms straight out for 10 seconds)
  - C. Speech abnormality/changes (have patient say “the sky is blue in Michigan”)
  - D. Time of last known well for patient determined and documented.
  - E. Eye deviation (absent, partial, forced deviation)
  - F. Denial/Neglect
  - G. Any deficit in a validated stroke scale is considered positive for stroke.
  - H. Follow GCMCA Transportation Protocol for facility selection.
6. Minimize scene time.
7. Contact destination hospital as soon as possible and begin transport. At the beginning of the report to the hospital EMS personnel should say, “Code stroke.” Once the hospital has acknowledged the crew member the words “code stroke” should be repeated and the remainder of the report given.
8. If available, encourage a family member to either accompany the patient or go to the receiving facility as soon as possible.
-  9. Initiate vascular access. (DO NOT delay scene time for IV.) Preferentially with an 18 gauge (20 gauge minimally)
-  10. Monitor ECG. (DO NOT delay scene time for ECG monitoring.)
11. See MCA stroke supplement (if applicable)

Protocol Source/Reference: Michigan 3.2 Stroke or Suspected Stroke; Version 12/2/22.