m1 DEPARTMENT OF HEALTH

Sample EMS Stroke Protocol

NOTE: This is a sample protocol only and should be adapted based on agency policy. This protocol contains the best-practice recommendations from the Minnesota Department of Health. Please follow your Medical Director's guidelines and work with your local stroke centers to determine proper language for activating their stroke teams.

1. Assess ABCs and vital signs.

2. Check blood glucose level and treat if indicated

3. If Cincinnati Prehospital Stroke Scale (includes: difficulty speaking, arm weakness and facial droop) is positive (abnormal findings on the scale), and:
    a. if time of last known well is within 8 hours, then:
        i. Expedite transport,
        ii. Pre-notify receiving hospital; use "Stroke Alert" in radio report, and
        iii. Provide last known well time in clock time (e.g. 14:30) in your radio report
    b. If time of last known well is known to be greater than 8 hours, then:
        i. Pre-notify receiving hospital of suspected stroke but do NOT use "Stroke Alert" in radio report
        ii. DO provide last known well time (e.g. 1430) in your radio report
    c. If time of last known well is unknown (e.g. "wake up" stroke or patient is unable to communicate), then:
        i. Expedite transport,
        ii. Pre-notify receiving hospital; use "Stroke Alert" in radio report,
        iii. State "unknown last known well time," and
        iv. Document last known well time on your patient care report

4. When possible, transport to the most appropriate facility designated by the Minnesota Department of Health as an Acute Stroke Ready hospital, Primary Stroke Center, or Comprehensive Stroke Center. Consider diversion if the difference in transport times to the requested hospital versus the closest hospital is greater than 30 minutes.

5. Provide oxygen via nasal cannula to maintain SpO2 > 94%

6. Establish 18 g antecubital IV access (if permitted by your agency)

7. Obtain ECG (12-lead ECG if capable and practical)

8. Obtain family contact information (preferably cell #) if not transporting with patient.