

Stroke [Cerebrovascular Accident (CVA)] (Adult and Pediatric)

CFR and All Provider Levels

1. ABCs and vital signs
2. Airway management and appropriate oxygen therapy

CFR STOP

EMT

3. Obtain blood glucose level (BGL) and treat as follows:
 - For BGL \geq 60 mg/dl evaluate for possible stroke using NYC S-LAMS scale
 - Determine each component and total score of the NYC S-LAMS scale by interviewing the patient, family and/or bystanders
 - Determine the “last known well” (LKW) and the exact time the patient was in their usual state of health and/or last seen without symptoms. Note that this may be different than “time of symptom onset”
 - For BGL $<$ 60 mg/dl, treat accordingly and perform the following:
 - For neurological symptoms that have resolved after appropriate hypoglycemia treatment, transport patient to the closest appropriate 911-receiving hospital
 - For neurological symptoms that persist after appropriate hypoglycemia treatment and BGL \geq 60 mg/dl evaluate for possible stroke using NYC S-LAMS scale
4. Transport to the closest appropriate Stroke Center (Appendix I: Hospital Specialty Capabilities) as needed

EMT STOP

Paramedic

5. Do NOT delay transport
6. Begin cardiac monitoring
7. Obtain intravascular access

Paramedic STOP

Medical Control Options

8. Administer Metoprolol 5 mg IV slow push for blood pressure \geq 210/120 mmHg, if available

Key Points / Considerations

- Transport patients to the closest appropriate Stroke Center as determined by the General Operating Procedures and Appendix G: Stroke Patient Assessment, Triage and Transportation
- For pediatric patients with symptoms of acute stroke, contact OLMC for transport decision to a hospital with pediatric critical care capabilities
- If the patient has a NYC S-LAMS score ≤ 3 , transport the patient to the closest appropriate Primary Stroke Center (Appendix I: Hospital Specialty Capabilities)
- If the patient has a NYC S-LAMS score ≥ 4 , contact OLMC for a transport decision to the closest appropriate Thrombectomy Stroke Center (Appendix I: Hospital Specialty Capabilities), unless the patient has at least one of the following exclusion criteria:
 - Total time from onset of patient's symptoms to EMS patient contact > 24 hours
 - Patient is wheelchair or bed-bound
 - Seizure is cause of patient's neurologic symptoms
 - Loss of Consciousness (LOC)
 - Trauma is cause of patient's neurologic symptoms
 - Transport time to Thrombectomy Stroke Center > 30 minutes