

Recommended Out-of-Hospital Stroke Protocol

Kansas Stroke Coalition – Kansas Rural Stroke Prevention Project, Box 755, Hays, KS 67601 785-628-1208

This protocol is to be used for transport bypass triage purposes as well as general out of hospital treatment of patients presenting with stroke signs and symptoms. Protocols must be agreed to by all parties involved in Acute Ischemic Stroke Treatment (EMS organization and medical advisor, sending facility/provider, receiving facility/physician, etc.)

Assist or control ventilation as indicated

Administer high flow oxygen

Evaluate vital signs

Initiate transport as soon as possible

- protect airway

- head elevated approximately 15 degrees

Evaluate for application of “Code Stroke” criteria

- Onset of symptoms plus transport time less than 3 hours

- Altered Level of Consciousness/speech

 - Responds inappropriately to questions or commands

 - Cannot repeat sentences or name objects

 - Speech is slurred

- Asymmetric facial droop/smile/grimace

- Asymmetric muscle weakness/arm drift

- No history of bedridden or wheelchair bound

- Blood glucose between 80 mg/% and 400 mg/%

Notify hospital – obtain bypass orders if indicated

- for CT scan evaluation and tPA availability

Document the following in the “narrative summary” section of your patient report form

- Time of onset of symptoms

- Who history was taken from

- Name / phone # of person who can give consent for further medical treatment

- Code Stroke criteria evaluation

- Who gave transport orders

- Other documentation as directed by local protocols

Initiate IV of NS at keep-open rate

Monitor EKG – Lead II

Evaluate V/S every five minutes