## *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) or other MCA approved stroke scale (i.e., scales including large vessel occlusion detection). See stroke supplement if applicable for MCA specific stroke screening requirements which must include but are not limited to assessment of:
    A. Facial droop (have patient show teeth or smile)
    B. Arm drift (have patient close eyes and hold both arms straight out for 10 seconds)
    C. Speech abnormality (have patient say “the sky is blue in Michigan”)
    D. Time of last known well for patient determined and documented.
    E. Any deficit in a validated stroke scale is considered positive for stroke.
    F. Follow MCA Transport Protocol for facility selection and early alerting requirements.
6. Minimize scene time.
7. Contact destination hospital as soon as possible and begin transport.
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)