

Stroke or Suspected Stroke

1. Follow **General Pre-hospital Care Protocol**.
2. Utilize the Cincinnati Pre-hospital Stroke Scale (CPSS). Try to elicit the following signs:
 - 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. Abnormal speech (have patient say “the sky is blue in Michigan”)

Any deficit in the CPSS is considered positive for stroke.



3. If the patient is demonstrating signs of hypoglycemia, measure blood glucose level.
 - a. If less than 60 mg/dL, administer oral glucose.

MCA Approval of Blood Glucose Testing by specific MFR Agencies
(Provide participating agency list to BETP)

YES

NO

- b. Treat per **Altered Mental Status Protocol**.
 4. If seizure, follow **Seizures Protocol**.
 5. Document time last seen normal for patient, if known.
 6. Minimize scene time, notify destination hospital as soon as possible and begin transport.
- S** 7. Initiate vascular access. (**DO NOT** delay scene time for IV.)
- ECG** 8. Monitor ECG. (**DO NOT** delay scene time for ECG monitoring.)