



**SUSPECTED ACUTE STROKE OR INTRACRANIAL HEMORRHAGE  
(INCLUDING STROKE TRIAGE CRITERIA)**

**ALS STANDING ORDERS:**

1. Base Hospital contact if patient meets Stroke Triage Criteria (see below).
2. Give no fluid or solids orally (may be risk for aspiration), including oral glucose preparations; dissolving Ondansetron in mouth is appropriate.
3. Monitor cardiac rhythm and document with rhythm strip.
4. Pulse oximetry, if room-air oxygen saturation less than 95%:
  - ▶ *Provide high flow oxygen by mask or nasal cannula 6 l/min flow rate as tolerated.*
5. Consider hypoglycemia with blood glucose analysis. Treat a blood glucose of 60 or less using an option listed below. If hypoglycemia is suspected and blood glucose is in the range of 60 to 80, treatment based on field impression is appropriate.

To treat hypoglycemia, administer one of the following:

Adult/Adolescent:

- ▶ *10% Dextrose 250 mL (titrated for effect to improve consciousness).*
- ▶ *Glucagon 1 mg IM if unable to establish IV.*

6. For nausea or vomiting:

- ▶ *Ondansetron (Zofran®): ODT 8 mg (two 4 mg tablets) to dissolve orally on inside of cheek  
OR,  
4 mg IV, may repeat after approximately 3 minutes for continued nausea or vomiting.*

7. If patient does not meet Stroke Triage Criteria, ALS escort to nearest ERC.

Approved:

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**TREATMENT GUIDELINES:**

1. If either of the following two sets of criteria is met and blood glucose is above 60 (or corrected to be above 60), contact Base Hospital for triage to a Stroke Prepared Hospital:
  - **Ischemic Stroke Suspected:**

All of the criteria below must be met:

    - ✓ Glasgow Coma Score 10 or greater,  
And
    - ✓ New onset of any one of the following:
      1. Arm (pronator) drift or unable to raise arm, unilateral
      2. Facial paresis (droop)
      3. Slurred or unintelligible speech
      4. Loss of grip strength, unilateralAnd
    - ✓ Onset of stroke symptoms within past 7 hours or no symptoms prior to going to sleep and awakening with stroke symptoms
  - **Intracerebral Hemorrhage Suspected:**

Sudden, severe headache with onset in past 7 hours with any one of:

    - ✓ Vomiting (repeated),  
Or
    - ✓ Neurological deficit (hemi-paresis or weakness, gaze to one side, or asymmetric pupils without prior eye surgery),  
Or
    - ✓ Altered mental status,  
Or
    - ✓ Marked blood pressure elevation (diastolic > 100 mm Hg).
2. Base contact required on all Stroke triage designations to alert receiving facility stroke team to prepare to immediately accept patient.
3. Avoid intraosseous and external jugular lines for potential SNRC patients as these lines may allow for uncontrolled bleeding without the ability to compress the bleeding site if a patient receives thrombolytics.
4. It is important to determine and document the “last known well” time and onset of stroke symptoms reported by patient, family or bystanders. Attempt to get the contact phone number and name of family or witness to allow stroke center to verify the time of stroke symptom onset.
5. Hypoglycemia: in adults/adolescents, an exact cutoff value for hypoglycemia has not been established because age and health cause variation in the neurological effects of lower blood glucose levels.

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