ALS STANDING ORDERS:

1. Base Hospital contact if patient meets Stroke-Neurology Triage Criteria (see below).
2. Give no fluid or solids orally (may be risk for aspiration); dissolving Ondansetron in mouth is appropriate.
3. Monitor cardiac rhythm and document with rhythm strip.
4. Pulse oximetry, if oxygen saturation less than 95%:
   - ► *Provide high flow oxygen by mask as tolerated.*
5. Perform blood glucose analysis, if blood glucose less than 80, administer either of:
   - ► *50% Dextrose 50 mL IVP, may repeat once if blood glucose remains less than 80.*
   - ► *Glucagon I mg IM if unable to establish IV.*
6. For nausea or vomiting:
   - ► *Ondansetron (Zofran™): ODT 8 mg (two 4 mg tablets) to dissolve in mouth as tolerated.*
7. If patient does not meet Stroke-Neurology Triage Criteria, ALS escort to nearest PRC.

GUIDELINES:

1. If either of the following two sets of criteria is met and blood glucose is above 80, contact Base Hospital for Stroke- Neurology Receiving Center destination:

   – **Ischemic Stroke Suspected**:
   All of the criteria below must be met:
   - ✓ No seizure prior to or during arrival, and
   - ✓ Last seen normal or at usual neurological baseline within past 7 hours[1], and
   - ✓ Glasgow Coma Score 10 or greater, and
   - ✓ Arm (pronator) drift or facial paresis.

   – **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).

   [1] A patient who awakens from a sleep period of more than 7 hours with ischemic stroke symptoms is considered to have an unknown time for onset of stroke and should be transported to the nearest PRC.

2. Base contact required on all Stroke-Neurology Receiving Center triage designations to alert receiving facility 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.

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4. It is important to accurately determine and document time of onset of stroke symptoms from patient, family or bystanders.

5. Hypoglycemia can mimic stroke. If the initial blood glucose is less than 80 mg/dL, correct the glucose before applying the Stroke-Neurology Receiving Center triage criteria.

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