



KANSAS INITIATIVE FOR STROKE SURVIVAL

A PROJECT BY AND FOR KANSANS

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EMS Stroke Protocol Checklist

Adults

- Potential IV alteplase candidates
 - Last seen well < 4.5 hrs from presentation
- Potential endovascular candidates
 - Last seen well < 24 hrs from presentation, unknown onset or wake-up
- Stroke specific clinical questions
 - Last seen well, pertinent medical history, anticoagulants, family contact number, baseline functional status
- Clinical management
 - ABCs – goal O2 sats > 94%
 - Treat hypoglycemia per protocol
 - Blood Pressure
 - Avoid hypotension
 - Don't treat BP unless > 220/120 mmHg or according to HTN Crisis Protocol
 - Labetalol, Hydralazine (what's available in formulary)
 - Field Assessment – BE FAST/Cincinnati exam & if positive, perform FAST-ED LVO screen
 - ECG
 - IV access – 1-2 20 g or larger, preferably 1 AC
 - Pre-notify receiving hospital (include if LVO screen +)
 - Drip & ships
 - Verify pump settings/infusion with RN prior to departure
 - Vitals & neuro checks Q15 min
 - Maintain BP <180/105 mmHg, but keep SBP > 100 (treatment options established prior to departure)
 - Stop infusion if sudden changes in baseline mental status, acute HA, or vomiting
 - Pre-notify receiving hospital

Pediatrics

- Young children may have sudden onset of irritability, altered LOC, or first time unprovoked seizure as initial presenting symptom
- Potential IV alteplase candidates
 - ≥ 24 mo. of age
 - Last seen well < 4.5 hrs from presentation
- Potential candidates for endovascular intervention
 - ≥ 24 mo. of age
 - Last seen well < 24 hrs from symptom onset

- Confirmed clot on neuroimaging
- Stroke specific clinical questions
 - Time child was last seen well
 - Time of symptom onset
 - Current aspirin, Lovenox, or other anticoagulant use
 - Major stroke, head trauma, or intracranial surgery in last 3 months
 - GI or urinary bleeding within last 21 days
 - Major surgery within last 10 days
 - Past Medical History (congenital heart disease, sickle cell disease, cancer)
 - NPO status
- Clinical management
 - Obtain hard copy of any neuroimaging (if interfacility transport)
 - NPO
 - Large bore IV in AC vein (at least 22 g for small children)
 - Isotonic IVF
 - Avoid hypotension
 - Avoid hyper/hypoglycemia
 - Keep HOB flat to promote cerebral perfusion
 - Treat seizures per protocol
 - Evaluate at Children's Mercy Hospital Adele Hall ER, if feasible
 - For resource contact 1-800-GO-MERCY (466-3729)