



**ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
SUSPECTED ACUTE STROKE OR INTRACRANIAL HEMORRHAGE**

BASE GUIDELINES

STROKE TRIAGE CRITERIA (ADULT):

1. Ischemic Stroke Suspected:

- ✓ Last seen at usual neurological baseline within the past 24 hours, and
- ✓ Responds in an appropriate manner to verbal or visual stimuli or has spontaneous eye opening, and
- ✓ Demonstrates one or more of the following as new onset neurologic signs:
 - Arm (pronator) drift or paralysis, asymmetric to right or left arm
 - Facial paresis or droop (new onset)
 - Decreased grip strength, asymmetric to right or left hand

Intracerebral Hemorrhage Suspected:

Sudden, severe headache with onset in past 24 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. OCEMS Designated SNRCs (Stroke Centers) include:

Fountain Valley Regional Medical Center	Hoag Newport Beach
Los Alamitos Medical Center	Orange County Global Medical
Mission, Mission Viejo	Center
St Joseph	Saddleback Memorial
UCI Health	St Jude Medical Center

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ALS STANDING ORDER

1. Contact Base Hospital 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 room-air oxygen saturation less than 95%:
 - Provide high flow oxygen by mask or nasal cannula 6 L/min flow rate as tolerated.
5. Blood glucose analysis, if blood glucose less than 60, administer one of:
 - 10 % Dextrose 250 mL IV
 - Glucagon 1 mg IM if unable to establish IV.

Note: IO access may be used for dextrose administration when patient is unconscious with blood glucose less than 60, unable to establish IV and there is no response to IM glucagon.
6. For nausea or vomiting and not suspected or known to be pregnant.
 - 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:

Carl Schultz, MD



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BASE GUIDELINES

3. Blood Glucose Analysis:

Follow the SO for BGL <60. IF hypoglycemia is suspected and blood glucose is in the range of 60-80, treatment based on impression is appropriate. With the understanding of low blood sugar can be a stroke mimic and should be considered.

- 10% Dextrose 250 ml (titrated/or effect to improve consciousness or symptoms).
- Glucagon 1 mg IM if unable to establish IV
- NOTE:
 - Refrain from IO or EJ access for potential stroke patients due to potential for thrombolytic use at SNRC.
 - Refrain from oral glucose to protect airway in potential stroke patients.

Patient should still be sent to a SNRC regardless of improvement with treatment of Dextrose since we do not want to delay treatment of the potential stroke.

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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. Document the "last known well" time or onset time of stroke symptoms report by patient, family, or bystanders. Attempt to get the contact phone number of family or witness to allow receiving Stroke-Neurology Receiving Center to verify the last known well time.

Approved:

Carl Schultz, MD

Review Dates: 11/16, 04/19; 12/22
Final Date for Implementation Date: 12/07/2022
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