

# Washington State Emergency Stroke Care System Suspected Stroke Prehospital Protocol Guidelines

- I. Scene Size-Up/Initial Patient Assessment
    - A) Support ABC's
    - B) Check glucose, temperature, SpO2 (if possible)
    - C) Treat hypoglycemia (if possible)
    - D) NPO
  
  - II. Focused History and Physical Exam
    - A) FAST Assessment (**F**ace/**A**rms/**S**peech/**T**ime last normal)  
If one component abnormal, high probability of stroke. Refer to stroke destination triage tool. Time from last normal will determine destination.
    - B) Limit scene time with goal of  $\leq 15$  minutes.
  
  - III. Transport
    - A) Early hospital notification - specify FAST findings (abnormal physical findings and time last normal)
    - B) If closest appropriate facility greater than 30 minutes, consider air transport when appropriate
  
  - IV. Management/Ongoing Assessment en route
    - A) Lay patient flat unless signs of airway compromise, in which case elevate no higher than 20 degrees.
    - B) IV access (as able)
      - 1) Ideally, 16 or 18 ga IV in unaffected arm (affected arm is acceptable)
      - 2) Normal saline (avoid glucose-containing and hypotonic solutions)
      - 3) Optional: Blood draw with IV start
    - C) 2<sup>nd</sup> exam/neuro reassess
    - D) Optional: Initiate tPA checklist
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