

OPERATIONS: BLS/ALS TREATMENT PROTOCOLS

DATE: Rev. 4/16/12

SUBJECT: ALTERED NEUROLOGIC FUNCTION (NON-TRAUMATIC)

POLICY NUMBER: 9130

<p style="text-align: center;"><b><u>BLS</u></b></p> <p>Ensure patent airway, monitor O2 saturation prn, give oxygen (Saturation &lt;94%) and/or ventilate prn. Position patient as follows:     If conscious with suspected CVA, elevate head 20-30 degrees     If unconscious, place patient lateral recumbent Immobilize spine if indicated <b><u>HYPOGLYCEMIA (suspected)</u></b> If patient is awake, has a gag reflex and can swallow: Give oral glucose solutions to include:     fruit juices, 2-3 packets of granulated sugar dissolved in liquid,     glucopaste on tongue depressor placed between cheek and gum, glucose tablets: 2-3 tablets, repeat as needed <b><u>SEIZURES</u></b> Protect from injury Treat associated injuries <b><u>Febrile seizures (pediatric)</u></b> Remove clothing Avoid shivering</p>	<p style="text-align: center;"><b><u>ALS</u></b></p> <p>Glucometer Monitor ECG/monitor O2 saturation prn SO Establish Saline lock/IV prn <b><u>HYPOGLYCEMIA</u></b> (Symptomatic patient with altered LOC or insufficient response to oral glucose preparations) SO Dextrose 50% 25 gm IV if BS level &lt; 60 mg/dL or unobtainable; may repeat per SO     <b>OR</b> SO Glucagon 1 mg IM if no IV and BS level &lt; 60 mg/dL or unobtainable <b><u>SEIZURES</u></b> <b>For generalized seizures that last longer than 5 min., seizures that cause respiratory compromise, or generalized seizures that are recurrent without lucid interval:</b> SO Midazolam 0.1 mg/kg slow IV (1 mg/min) to max 5 mg (discontinue if seizure stops); may repeat X 1 in 10 min. per SO <b><u>OR</u></b> SO Midazolam 0.2 mg/kg IM (2-3 mL increments) to max 10 mg; may repeat X 1 in 10 min. per SO <b><u>OR</u></b> SO Midazolam 0.2 mg/kg IN (2-3 mL increments) to max 10 mg; may repeat X 1 per BH <b><u>PEDIATRIC NOTE:</u></b> SO <b>Refer to Pediatric Drug Guide</b></p>
---	--

**SUSPECTED CEREBROVASCULAR ACCIDENT** Important: document time of onset of symptoms. If possible take witness who can establish onset to hospital.

Patients exhibiting any of the signs/symptoms of stroke which started within the previous four hours may be experiencing an acute stroke. Assess for signs of obvious asymmetry:

- Check for facial droop/asymmetry (ask patient to show their teeth or to smile - observing for asymmetry)
- Assess for motor weakness or paralysis (have patient extend both arms - observe for weakness / have patient perform hand grasps - assess grip strength)
- Check for speech abnormalities (observe for slurring or inappropriate words)

OPERATIONS: BLS/ALS TREATMENT PROTOCOLS

DATE: Rev. 4/16/12

SUBJECT: ALTERED NEUROLOGIC FUNCTION (NON-TRAUMATIC)

POLICY NUMBER: 9130

The Los Angeles Prehospital Stroke Screen (LAPSS) is useful to evaluate acute, non-comatose, non-traumatic neurologic complaints. It is based on six criteria - if all are checked "yes", or ("unknown") the patient has a high likelihood of having an acute stroke.

**LAPSS Criteria:**

- Age > 45 years
- History of seizures or epilepsy absent
- At baseline, patient is not wheelchair bound or bedridden
- Blood glucose between 60 and 400
- Obvious asymmetry (right versus left) in any of the following categories (must be unilateral):
  - \* Facial smile/grimace
  - \* Grip
  - \* Arm strength
- Duration of signs/symptoms < 24 hours

**Disposition:**

Patients with a high likelihood of an acute stroke should be transported to the appropriate receiving hospital with a functioning CT scanner.

**Alert receiving hospital early if patient meets stroke screen criteria.**

APPROVAL:



\_\_\_\_\_  
Bruce E. Haynes, M.D.  
EMS Medical Director