# **Monterey County EMS System Policy**



Protocol Number: N-2 Effective Date: 7/1/2023 Review Date: 6/30/2026

Protocol: Neurological

# Non-Traumatic Neuro Impairment Suspected CVA

### **BLS CARE**

Routine medical care

Identify time last well known. Be as specific as possible

Obtain a cell phone number for a family member who can make decisions for the patient, if possible.

Blood glucose measurement.

### ALS CARE

Routine medical care.

Use B.E. F.A.S.T for patient assessment for possible CVA.

- > B- Balance. Loss or change in balance or coordination
- E- Eyes. Sudden vision changes
- ➢ F- Face. Facial droop
- ➢ A- Arm. Arm Drift
- ➢ S- Speech. Slurred of confused speech
- > T- Time. What time did symptoms begin? When was patient last known well?

Obtain a 12-Lead ECG. Do not delay time on scene to obtain this.

Follow Protocol N-4 Suspected Hypoglycemia if blood glucose measurement is <70.

Patients with <u>positive B.E.F.A.S.T. findings</u> AND <u>last known well time of 24 hours or less</u> should be transported Code 3 to a designated Stroke Receiving Center.

Patients whose stroke/TIA symptoms began within the past 24 hours but <u>have resolved completely</u> should be transported Code 2 to a designated Stroke Receiving Center.

Patients whose new-onset stroke symptoms have been present for more than 24 hours should be transported to the closest Stroke Receiving Center.

#### NOTE:

Scene time should be kept to 15 minutes or less.

For patients with symptoms of acute stroke who are being transported Code 3 to a Stroke Receiving Center, contact the Stroke Receiving Center as early as possible to allow time to prepare for the patient's arrival. Inform the hospital that a "Stroke Alert" is being transported. Provide patient name and date of birth only if using the telephone.