

NEUROLOGIC-RELATED SIGNS & SYMPTOMS

SIGNS & SYMPTOMS:

1. Unilateral paralysis, numbness or weakness
2. New onset seizure activity
3. Sudden, unexplainable headache
4. Inability to walk or “found down”
5. Altered mental status
6. Dizziness, loss of balance or coordination
7. Blurred or decreased vision
8. Slurred speech; inability to speak or understand simple statements

OBTAIN HISTORY OF:

1. Cardiorespiratory & cerebrovascular disease
2. Symptom onset & duration
3. Quality & severity (on a scale of 1 - 10)
4. Normal level of function
5. Substance abuse
6. Recent illness or trauma
7. PMH/Meds/Allergies
8. DNR/DNI status

PRECAUTIONS:

1. Syncopal episodes and seizures may be cardiac-related.

BASIC LIFE SUPPORT CARE:

1. Administer oxygen.
2. Place patient in semi-reclining position with head elevated 30 - 45° if tolerated, unless evidence of trauma, manage airway and ensure adequate ventilations, then take spinal precautions as indicated.
3. EMT with IV training - establish IV of NS TKO.
4. Assess blood sugar. If BS is < 80 follow hypoglycemia guideline.
5. Initiate ECG monitoring. Obtain 12-lead ECG if cardiac etiology is suspected.
6. Complete Cincinnati Stroke Scale and document results on run form.

ADVANCED LIFE SUPPORT CARE: In addition to above and as appropriate:

1. Treat arrhythmias as indicated.
2. For hypertension, medical control must be contacted prior to administration of any medication intended to lower blood pressure.
3. Further orders must come from monitoring physician.

SPECIAL NOTES:

1. In the setting of an acute stroke, rapid assessment, treatment, and undelayed transport are essential to avoid further delays to in-hospital treatment, such as thrombolytics.
2. Early notification to MRCC is important for the hospitals to prepare for the patient if the patient has positive findings during the Cincinnati Stroke Scale on the onset is < 7 hours.