



**BLS**

**ALS**

**For patients with symptoms suggestive of TIA or stroke with onset of symptoms known to be <24 hours in duration**

- Maintain O<sub>2</sub> saturation at 94% to 98%
- Keep head of bed (HOB) at 15° elevation. If SBP <120 mmHg and patient tolerates, place HOB flat.
- Expedite transport
- Make BH initial notification early to confirm destination
- Notify accepting Stroke Receiving Center of potential stroke code patient enroute
- Provide list of all current medications, especially anticoagulants, upon arrival to Emergency Department

**Important signs/symptoms to recognize, report, and document**

Use *BE-FAST* Prehospital Stroke Screening Scale in assessment of possible TIA or stroke patients

- B** = Balance: Unsteadiness, ataxia
- E** = Eyes: Blurred/double or loss of vision
- F** = Face: Unilateral face droop
- A** = Arms and/or legs: Unilateral weakness exhibited by a drift or drop
- S** = Speech: Slurred, inability to find words, absent
- T** = Time: Accurate Last Known Well time

If *BE-FAST* is positive, calculate and report the *FAST-ED* Prehospital Stroke Severity Scale value

- F** = Facial palsy
- A** = Arm weakness
- S** = Speech changes
- T** = Time
- E** = Eye deviation
- D** = Denial/Neglect

- Sudden severe headache with no known cause
- Get specific **Last Known Well** time in military time (hours: minutes)

**Bring witness to ED to verify time of symptom onset and provide consent for interventions. If witness unable to ride in ambulance, obtain accurate contact phone number.**

**Obtain blood glucose. If blood glucose <60 mg/dL, treat for hypoglycemia.**

- If patient is awake and able to swallow, give 3 oral glucose tabs or paste (15 gm total)
- Patient may eat or drink, if able
- If patient is unconscious, NPO

- IV <sup>Ⓐ</sup> (large-bore antecubital site preferred)
- 250 mL fluid bolus IV/IO to maintain BP ≥120 mmHg if no rales, MR <sup>Ⓐ</sup>

**San Diego County Emergency Medical Services Office  
Policy / Procedure / Protocol**

**FAST-ED Severity Scale**

<b>Assessment Item</b>	<b>FAST-ED Score</b>
<b>Facial palsy:</b>	
Normal or minor paralysis	0
Partial or complete paralysis	1
<b>Arm weakness:</b>	
No drift	0
Drift or some effort against gravity	1
No effort against gravity or no movement	2
<b>Speech changes:</b>	
Absent	0
Mild to moderate	1
Severe, global aphasia, or mute	2
<b>Time:</b>	
What time did the symptoms start?	
What time was the patient last known well?	
<b>Eye deviation:</b>	
Absent	0
Partial	1
Forced deviation	2
<b>Denial/Neglect:</b>	
Absent	0
Extinction to bilateral simultaneous stimulation in only 1 sensory modality	1
Does not recognize own hand or orients only to one side of the body	2
<b>Total</b>	