## SUSPECTED CVA/TIA

### ADULT

<table>
<thead>
<tr>
<th>BLS</th>
<th>PEDIATRIC (≤34KG)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Universal Protocol #601</td>
<td>Same as Adult</td>
</tr>
<tr>
<td>• Pulse Oximetry</td>
<td></td>
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<tr>
<td>o O₂ administration per Airway Management Protocol #602</td>
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<tr>
<td>• Place patient in position of comfort with head elevated</td>
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<tr>
<td>• Complete B-E-F-A-S-T exam, see Notes</td>
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</tbody>
</table>

### BLS Elective Skills

- Obtain Blood Sugar Level – if <60 mg/dL see Altered Mental Status Protocol #612

### ALS Standing Orders

- Initiate STROKE ALERT base report and EARLY transport if ANY of B-E-F-A-S-T present and last seen normal is < 6 hours and as needed

### Base Hospital Orders Only

- • As needed
- • As needed

### Notes

- Contact receiving hospital early if patient meets STROKE ALERT criteria
- Do not delay transport to hospital for on scene treatment
- B-E-F-A-S-T (new onset or change from previous “normal”)(*)
  - o B – Balance – changes or problems
  - o E – Eyes – sudden change in vision or double vision
  - o F – Facial droop
  - o A – Arm drift
  - o S – Speech abnormalities
  - o T – Time last seen normal < 6 hrs. (record the time)
- “Time last seen normal” – do not confuse with time symptoms noticed – “time last seen normal” starts the clock
- Evaluate and correct for other potential causes i.e.
  - o Hypoxia
  - o Hypoglycemia
  - o Overdose
  - o Seizure
- If time is available and the patient or family can provide the information, gather the criteria listed in the Fibrinolytic Evaluation listed below (Fibrinolytic Evaluation – ASA/NSA Standards)
  - o Use of anticoagulants
  - o History of stroke/TIA/brain tumor
  - o Mental Status - orientation
  - o Known bleeding disorder
  - o Age > 18 yrs.
  - o Active bleeding, surgery, or trauma < 3 weeks
  - o Jaundice, hepatitis, kidney failure
  - o Terminal illness

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