

**Illinois Region 8 Emergency Medical Services  
Central DuPage, Edward, Good Samaritan, Loyola EMS Systems  
Standard Operating Procedures**

**ADULT STROKE  
LOYOLA SYSTEM SPECIFIC**

**TIME  
SENSITIVE**

**BLS/ALS**

1. **Adult Initial Medical Care SOP, p. 4-5**
  - Limit scene time *\*extend to max. of 10 minutes if MSU is activated*
  - **Contact Medical Control at the initial point of contact, as soon as a clinical impression has been formed from assessment findings.**
  - **Indicate if MSU has been activated**
  - **Spinal Motion Restriction** for unconscious patient with suspected trauma
  - Obtain and record time when last at baseline / **Last Known Well**
  - Obtain and record blood glucose level. If < 60, treat per **ADULT DIABETIC / GLUCOSE EMERGENCIES, p. 30**
2. Protect airway, suction as necessary.
3. Maintain head and neck in neutral alignment. DO NOT flex neck. If systolic BP > 90 mmHg, elevate head of bed 15-30°.
4. Assess and record neurological status using GCS and note any changes.
5. Assess patient using the Cincinnati Prehospital Stroke Scale (CPSS) and document new findings:
  - New Facial Droop (have patient show teeth or smile)
  - New Arm Drift (patient closes eyes and hold both arms out)
  - New Speech Deficit (have patient say “You can’t teach an old dog new tricks”)
6. If the patient has an abnormal Cincinnati Prehospital Stroke Scale they should be transported to the closest Primary Stroke Center (PSC).
7. **If MSU is on scene, report and transfer of care to MSU team with patient consent signed**
8. Transport patients with an unobtainable or normal Cincinnati Prehospital Stroke Scale with any of the following symptoms to the closest PSC:
  - New onset of sudden or persistent language deficiency
  - New onset of sudden unilateral numbness or weakness
  - New onset of severe sudden headache with vomiting with or without severe hypertension (systolic BP > 200 mmHg)
  - New onset of sudden and persistent alteration of mental status
  - New onset of severe and sudden loss of balance/new onset ataxia
  - New onset of sudden visual field loss in one or both eyes

**ALS**

**Consider 12-lead ECG**

1. **INTUBATE** if GCS score ≤ 8
2. Establish IV, limit IV attempts to 2
3. If seizure activity, refer to **ADULT SEIZURES / STATUS EPILEPTICUS, p. 32**
4. Call Medical Control early and communicate time when patient was last at baseline/**Last Known Well** (if known)
5. Transport to the closest Primary Stroke Center for continuation of stroke care