Washington State Emergency Cardiac and Stroke System
Prehospital Protocol Guidelines for Suspected Stroke

I. Scene Size-Up/Initial Patient Assessment
   A) Support ABC's
   B) Check glucose, temperature, SpO2 (if possible)
   C) Treat hypoglycemia (if possible)
   D) NPO

II. Focused History and Physical Exam
   A) Perform FAST Assessment (**F**ace/**A**rms/**S**peech/**T**ime last normal)
      If one component is abnormal, high probability of stroke. Refer to stroke destination triage tool. Time from last normal will determine destination.
   B) Limit scene time with goal of ≤ 15 minutes.

III. Transport
   A) Early hospital notification - specify FAST findings (abnormal physical findings and time last normal).
   B) Transport according to Washington State Stroke Triage Tool and regional patient care procedures.
   C) If closest appropriate facility is greater than 30 minutes, consider air transport when appropriate.

IV. Management/Ongoing Assessment en route
   A) Lay patient flat unless signs of airway compromise, in which case elevate no higher than 20 degrees.
   B) IV access (as able)
      1) Ideally, 16 or 18 ga IV in unaffected arm (affected arm is acceptable)
      2) Normal saline (avoid glucose-containing and hypotonic solutions)
      3) Optional: Blood draw with IV start
   C) 2nd exam/neuro reassessment
   D) Optional: initiate tPA checklist