



Revised 6.2024

CBRAC STROKE ALGORITHM

These are guidelines; they do not supersede the Medical Director's order set.

Critical EMS Assessment and Actions

Support ABCs
 OXYGEN 2-3 L NC 15L NRB keep spo2>94%
 Perform Prehospital Stroke and VAN Assessment
Establish SYMPTOM ONSET
LKW-Last Known Well and obtain emergency contact phone number
In Transit:
 Continuous Cardiac Monitoring
 Blood Glucose Level
 IV Access x2 (Should not delay transport)
 Activate Pulsara



RAPID TRANSPORT TO THE APPROPRIATE FACILITY				
Facility	Comprehensive (L1)	Advanced (L2)	Primary (L3)	Acute Stroke Ready (L4)
Spohn Shoreline	X			
CCMC – Bay Area			X	
CCMC – Doctors			X	
Spohn South			X	
CCMC- North West				X
Spohn Alice				X
Spohn Beeville				X
Spohn Kleberg				X

HALO Flight (Corpus Christi/Alice/Beeville) 1.800.776.4256 Air Evac (Laredo) 1.800.247.3822
 PHI (Victoria) 1.877.435.9744



Cincinnati Pre-Hospital Stroke Scale

Facial Droop/Smile
 Normal/Abnormal

Arm Drift
 Normal/Abnormal



VAN Assessment

If patient has any weakness PLUS any one of the below:

- Visual Disturbance (field cut, double, or blind vision)
- Aphasia (inability to speak or understand)
- Neglect (gaze to one side or ignoring one side)

This is likely a large artery clot (cortical symptoms) =VAN Positive



VAN + with LVO Stroke Suspected?



NO

Transport to closest stroke center

Primary Stroke Center (PSC/L3) or Acute Stroke Ready Hospital (ASRH/L4)

YES

Transport to Comprehensive (L1)

Consider Air Medical Transport to decrease transport time in rural areas

***See stroke system plan for additional guidance**

TX for Hypertension for SYS >200 or SBP >185
 DIAS >110
 LABETALOL 10 mg IV over 1-2 min
 may repeat q 10 min to max 300mg