

POLICY: 554.25
TITLE: Acute Cerebrovascular Accident

EFFECTIVE: 07/01/2024DRAFT
REVIEW: 07/2027DRAFT
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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ACUTE CEREBROVASCULAR ACCIDENT

- I. AUTHORITY
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE
To serve as a patient treatment standard for EMRs, EMTs, AEMTs, and Paramedics within their scope of practice.
- III. PROTOCOL
An acute cerebrovascular accident (CVA) is characterized by weakness or paralysis on one side of the body/face, slurred speech, aphasia, difficulty with balance, inability to understand, difficulty in naming objects, confusion, difficulty swallowing, headache, acute visual disturbances (double vision, blindness, paralysis of extra-ocular muscles).

Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic A=Advanced EMT D = Base Hospital Physician Order
Required

	F	E	O	<u>A</u>	P	D
ASSESSMENT	X	X	X	<u>X</u>	X	
PULSE OXIMETRY: apply and monitor.		X	X	<u>X</u>	X	
CAPNOGRAPHY: apply and monitor.					X	
OXYGEN: if pulse oximetry < 94% or signs of respiratory distress or hypoperfusion.	X	X	X	<u>X</u>	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.					X	
*VAN SCALE				<u>X</u>	X	
STROKE ALERT: if positive VAN, notify receiving hospital.				<u>X</u>	X	
VASCULAR ACCESS: <u>P</u> - IV/IO, <u>AEMT</u> - IV only, rate as indicated.				<u>X</u>	X	
TEST FOR GLUCOSE		X	X	<u>X</u>	X	
D10: infuse 100 mL IV/IO if blood glucose < 70 mg/dL. Recheck blood glucose 10 minutes post infusion. If blood glucose < 70 mg/dL, infuse remaining 150 mL.				<u>X</u>	X	

*If VAN positive, refer to Policy 522.20 STROKE TRIAGE, TREATMENT AND DESTINATION..

Vision, Aphasia, Neglect (VAN) Scale

	Normal	Mild	Moderate	Severe
How weak is the Patient? Raise both arms.	No signs of weakness	Minor Drift	Severe drift- touches or nearly touches the ground	Flaccid or no antigravity

Visual Disturbances	Aphasia	Neglect
Field cut (which side) (4 quadrants)	Expressive (inability to speak or paraphasic errors); do not count slurred words (repeat & name 2 objects)	Forced gaze or inability to track to one side.
Double Vision (ask pt. to look to right then left; evaluate for asymmetric gaze)	Receptive (not understanding or following commands) i.e., close eyes, make a fist.	Unable to feel both sides at the same time, or unable to identify own arm.
Blind – New Onset	Mixed	Ignoring one side.
None	None	None

*Patient must have weakness and one or more of the V, A, N to be VAN Positive.