



Rogers Fire Department Standard Operating Procedures

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| Policy Title: | High Performance Stroke Care and Transport | | |
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| Approved By: | Tom Jenkins | Last Updated: | July 2019 |
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PURPOSE

The purpose of this policy is to provide standard assignments for members responding to suspected cerebrovascular attack incidents. This goal of the policy shall be to improve patient care and crew function at emergency scenes.

POLICY

Although ultimate responsibility for on scene assignments rests with the incident commander, the institution of standard stroke/CVA orders will assist with equipment and task responsibilities. The lead paramedic or incident commander may deviate from these standing orders based on circumstances of the particular emergency. All personnel should understand that it is impossible for these standing Stroke/CVA orders to address all the needs and required actions on the incident scene. This document serves as a guideline for anticipated and standard actions that regularly have to be addressed at incidents.

The assignment for a stroke/CVA is one fire company and one paramedic ambulance based on the caller interrogation by the 911 center. Should a paramedic ambulance find itself dealing with a suspected stroke without a fire company, they should request the additional help. This policy is constructed on the assumption that there will be one paramedic and four EMTs on scene. This conclusion is reached by counting the minimum number of personnel assigned to Rogers Fire Department apparatus. Each ambulance will have, at a minimum, one paramedic and one EMT, and each fire company will have at least three EMTs, although there is a strong likelihood that additional Paramedics may be present. In these cases the additional paramedics should proceed as described below. The paramedic assigned to the ambulance will herein be referred to as the "Lead Paramedic" and will have responsibility for patient care ensuring compliance with this policy. The lead paramedic will have the flexibility to adjust assignments as necessary.

The primary goal of the first arriving unit is the recognition of a possible stroke (sudden mental status change, slurred speech, dysphasia, aphasia, or unilateral weakness) and ruling out other likely causes such as:

- Hypoglycemia
- Head Trauma/CNS Injury
- Seizure
- Sepsis
- Overdose
- ETOH
- Behavioral/Psychiatric

The priorities for the initial patient assessment, in accordance with regional protocol include:

- Early recognition of stroke symptoms
- Documenting last known well time
- Rule out other possible causes of symptoms (AEIOUTIPS)
- Rapid transport and notification to the receiving facility of “Stroke Alert”
- Large bore intravenous access in AC

As time permits, the lead paramedic or their designee should conduct MEND exam and obtain a 12-lead ECG. A “Stroke Alert” should be sent to the receiving hospital, either through RCD or directly on hospital radio as soon as the lead medic suspects a possible stroke and other causes have been considered.

Example:

“Medic 4 to RCD we have a “STROKE ALERT” for Mercy ER.”

Rapid transport should be commenced without delay for any other assessment or treatment once a stroke is reasonably suspected.

During transport, a detailed report should be called to the receiving facility. This will facilitate the patient being taken straight to CT for a head scan and expedite their definitive care. Continue further assessments and treatments while enroute.

Roles and Responsibilities

Ambulance Crew

Lead Paramedic – Assess for stroke, consider other causes (AEIOUTIPS). Establish last known well time (LKWT). Get the patient’s baseline mentation and specific changes that caused the concern of a stroke. Get the name and phone number of family/friend providing the LKWT and baseline mentation of the patient. This person should be available at the hospital or via phone to answer further questions from the physician.

EMT – First set of vitals, CBG, and temperature. Prepare for rapid transport.

Fire Company

Captain – Establish command. Notify RCD of a Stroke Alert with destination. Assist with the movement of the patient.

FEO – Ensure the ambulance is ready for rapid transport. Consider moving the ambulance with help from the firefighter to an appropriate location to expedite loading the patient. Prepare cot and help move patient after the ambulance is positioned.

Firefighter – Assist FEO if needed, then assist EMT with vitals, CBG, and temperature. Prepare patient for transport.

The Captain of the fire company will take his apparatus out of service to provide assistance during transport. The Captain and firefighter will ride in the patient compartment of the ambulance to assist the paramedic. The EMT will drive emergent to the destination. The FEO will report to the destination in the assigned apparatus to pick up personnel and return to service.