



# County of Santa Cruz

## HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVENUE SANTA CRUZ, CA 95061-0962

(831) 454-4120 FAX: (831) 454-4272 TDD: (831) 454-4123

EMERGENCY MEDICAL  
SERVICES PROGRAM

Protocol No. N3  
Reviewed 01/07

### Emergency Medical Services Program

Approved

\_\_\_\_\_  
Medical Director

Subject: NON-TRAUMATIC NEURO IMPAIRMENT (SUSPECT CVA)

**I. BLS Treatment Protocol:**

- A. Treat life threats. (See Policy 4000).
- B. Prepare for transport / transfer of care.

**II. ALS Treatment Protocol:**

- A. Treat life threats. (See Policy 4000).
- B. If time since symptom onset/last time seen in premorbid state <6 hours assess according to stroke scale \*
- C. Do BG Chem and if less than 70 mg/dl treat as needed.
- D. Base station contact.
- E. Transport.

**Notes:**

\*Stroke scale

1. Facial droop
2. Arm drift
3. Abnormal speech

In order to be eligible for thrombolytic therapy the patient must be:

1. Conscious
2. Have persistent neurological deficit(s)
3. The time of onset must be identified (within 6 hours)