

n-4 ACUTE CEREBROVASCULAR ACCIDENT (STROKE)

**PRIORITIES:**

- ABCs
- Airway maintenance, support ventilation, prevent aspiration
- Identify and document progression of neurological deficits:
  - Motor weakness, paralysis
  - Speech disturbances
  - Headache, visual problems
- Assure an advanced life support response

**Acute Cerebrovascular Accident (Stroke)**

*Sudden onset of weakness, paralysis, confusion, speech disturbances, may be associated with headache.*

1. Ensure a patent airway (suction as necessary).
2. Be prepared to support ventilation with appropriate airway adjuncts;
3. OXYGEN THERAPY - Begin oxygen at 6 liters/ minute by nasal cannula or 10 liters/minute by mask. If there is a history of Chronic Obstructive Pulmonary Disease (COPD), observe for respiratory depression and support respirations as needed. **DO NOT** withhold oxygen from a patient in cardiorespiratory distress because of a history of COPD.
4. Position patient with head elevated at 45 degrees, if conscious, unless hypotensive. If unconscious or exhibiting signs of a decreased level of consciousness, place patient on affected side and support and protect paralyzed limbs. If hypotensive, place supine with legs elevated.
5. Monitor vital signs.
6. Give nothing by mouth; remove dentures if possible;
7. Avoid unnecessary movement.
8. Keep patient warm, but do not overheat.
9. Assist advanced life support personnel with patient packaging and movement to ambulance.