
412

SUSPECTED STROKE

1. Monitor the airway.
2. Administer oxygen.
3. Use Glucometer to measure blood glucose level.
 - a. If ≥ 60 mg/dl, proceed to NYC S-LAMS evaluation.
 - b. If <60 mg/dl, treat hypoglycemia.
 - i. *Conscious & swallowing patient*: if the conscious patient can swallow and can drink without assistance then provide a glucose solution, fruit juice, or non-diet soda by mouth.
 - ii. *Conscious / not-swallowing patient*: if the conscious patient cannot drink without assistance or tolerate oral glucose, call ALS for further treatment. Do not give oral solutions to patients who cannot swallow.
 - iii. *Unconscious patient*: call ALS for further treatment. Do not give oral solutions.
 - c. If neurologic deficits have resolved after treatment, transport patient to closest appropriate 911-receiving hospital.
 - d. If neurologic deficits persist after treatment and FSBG ≥ 60 mg/dl, proceed to NYC S-LAMS evaluation per Appendix Q.
4. Document NYC S-LAMS score (for each element and *total score*) in the prehospital care report.
5. Transport per Appendix Q:
 - a. If score is 0-3, transport to the closest appropriate NYC 911 system Primary Stroke Center.
 - b. If score is 4 or greater, and the patient does not meet the specific Stroke Exclusion Criteria for this score, contact OLMC for Transport Decision to the closest NYC 911 system Thrombectomy Stroke Center.
6. Do not delay transport.