



# INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

**Reference No. 14080**  
Effective Date: 11/01/25  
Supersedes: 07/01/25  
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## STROKE TREATMENT - ADULT

### I. FIELD ASSESSMENT/TREATMENT INDICATORS

Patient exhibiting signs/symptoms of a possible stroke. These signs may include speech disturbances, altered level of consciousness, parasthesias, new onset seizures, dizziness, unilateral weakness and visual disturbances.

### II. BLS INTERVENTIONS

- Obtain patient oxygen saturation on room air. Titrate oxygen if clinically indicated, to maintain an oxygen saturation of 94% per ICEMA Reference #11010 - Medication - Standard Orders.
- Obtain blood glucose.

### III. LIMITED ALS (LALS)/ALS INTERVENTIONS

- Perform activities identified in the BLS Interventions.
- Obtain vascular access.
- Modified Los Angeles County Prehospital Stroke Screen (mLAPSS):** A screening tool used by EMS field personnel to assist in identifying patients who may be having a stroke.

**mLAPSS Criteria:** The patient is **mLAPSS positive**, if “yes” on Criteria #1 - 5 and exhibits unilateral weakness on Criteria #6.

| mLAPSS Criteria                                       | Yes                       | No                                                                             |                                                                                |
|-------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 1. Age over 17 years?                                 |                           |                                                                                |                                                                                |
| 2. No prior history of seizure disorder?              |                           |                                                                                |                                                                                |
| 3. New onset of neurologic symptoms in last 24 hours? |                           |                                                                                |                                                                                |
| 4. Patient was ambulatory at baseline prior to event? |                           |                                                                                |                                                                                |
| 5. Blood glucose between 60 and 400?                  |                           |                                                                                |                                                                                |
| 6. Exam ( <i>look for obvious asymmetry</i> ):        | <u>Normal-Bilaterally</u> | <u>Right</u>                                                                   | <u>Left</u>                                                                    |
| • Facial Smile/Grimace                                | <input type="checkbox"/>  | <input type="checkbox"/> Droop<br><input type="checkbox"/> Normal              | <input type="checkbox"/> Droop<br><input type="checkbox"/> Normal              |
| • Grip                                                | <input type="checkbox"/>  | <input type="checkbox"/> Weak Grip<br><input type="checkbox"/> Normal          | <input type="checkbox"/> Weak Grip<br><input type="checkbox"/> Normal          |
|                                                       | <input type="checkbox"/>  | <input type="checkbox"/> No Grip<br><input type="checkbox"/> Normal            | <input type="checkbox"/> No Grip<br><input type="checkbox"/> Normal            |
| • Arm Weakness                                        | <input type="checkbox"/>  | <input type="checkbox"/> Drifts Down<br><input type="checkbox"/> Normal        | <input type="checkbox"/> Drifts Down<br><input type="checkbox"/> Normal        |
|                                                       |                           | <input type="checkbox"/> Falls Down Rapidly<br><input type="checkbox"/> Normal | <input type="checkbox"/> Falls Down Rapidly<br><input type="checkbox"/> Normal |

- If patient is mLAPSS positive, use LAMS to determine the stroke severity.
- Patients less than 17 years of age presenting as a suspected stroke, consider transporting to the closest stroke center.
- **Los Angeles Motor Score (LAMS):** A scoring tool used by EMS providers to determine the severity of stroke on patients who are mLAPSS positive. If the total LAMS score is four (4) or greater, consider Large Vessel Occlusion (LVO).

| LAMS Score Criteria |   |                                   |
|---------------------|---|-----------------------------------|
| FACE                | 0 | Both sides move normally          |
|                     | 1 | One side is weak or flaccid       |
| ARM                 | 0 | Both sides move normally          |
|                     | 1 | One side is weak                  |
|                     | 2 | One side is flaccid/does not move |
| GRIP                | 0 | Both sides move normally          |
|                     | 1 | One side is weak                  |
|                     | 2 | One side is flaccid/does not move |
| TOTAL SCORE         |   |                                   |

- Ask when “last seen normal” or without stroke symptoms.
- If “last seen normal” plus transport time is less than 24 hours, or a “wake-up stroke”, transport to closest Stroke Receiving Center.
- If “last seen normal” plus transport time is greater than 24 hours, transport to the closest receiving hospital.
- If mLAPSS negative and stroke is still suspected, consult base hospital for destination.
- To ensure that there is no delay in treatment obtain and document on scene family phone number.
  - If family member is not present, it is recommended that the EMS field personnel bring the patients cell phone.
- Consider 12-lead ECG (ALS only).
- **Thrombolytic Assessment:** If time is available, and the patient or family can provide the information, assess the patient using the criteria listed below and report to ED personnel:

| Thrombolytic Assessment Criteria                         | Yes | No |
|----------------------------------------------------------|-----|----|
| Onset greater than 4.5 hours?                            |     |    |
| History of recent bleeding?                              |     |    |
| Use of anticoagulant?                                    |     |    |
| Major surgery or serious trauma in the previous 14 days? |     |    |
| Sustained systolic blood pressure above 185 mm Hg?       |     |    |
| Recent stroke or intracranial hemorrhage?                |     |    |

#### IV. REFERENCE

| Number | Name                         |
|--------|------------------------------|
| 11010  | Medication - Standard Orders |