



**Quick Reference Cards 4" x 6"**  
**Checklists**  
**Fluid Drip Charts**  
**Medication Infusion Tables**

## Drips requiring OLMC

### Adult Amiodarone Drip

Dose is 0.5-1 mg/min

Step 1

Determine Concentration

Mix 90 mg (1.8 mL) of Amiodarone in 50 mL NS  
(must use 60 drop set)

Step 2

Determine Rate

Drops/ minute	Dose in mg/min		
	0.5	0.75	1
	17	25	33

\* Amiodarone is stable for only 2 hours when mixed in a plastic IV bag

## Adult Amiodarone Infusion

Infuse 150 mg over 10 minutes

For VT, WCT of unknown origin and pre-excited A-fib (A-fib with WPW)

Step 1

Determine Concentration

Mix 150 mg in 50 mL NS (must use 10 drop set)

Step 2

Determine Rate

Rate is drops per minute using a 10 drop set

Dose in ml/min

50 mL / 10 min

50 Drops/ minute

### Adult Dopamine Infusion

Step 1

Determine concentration

Range of Infusion 5-20 mcg/kg/min

Mix 400 mg Dopamine in 250 mL NS (use 60 drop set)

Step 2

Determine Rate

Rate is drops per minute with a 60 drop set

Weight in KG	40	45	50	55	60	65	70	75
5 mcg	7	8	9	10	11	12	13	14
10 mcg	15	17	19	21	22	24	26	28
15 mcg	22	25	28	31	34	37	39	42
20 mcg	30	34	38	41	45	49	52	56

Weight in KG	80	85	90	100	110	120	130	140
5 mcg	15	16	17	19	21	22	24	26
10 mcg	30	32	34	38	41	45	49	52
15 mcg	45	48	51	56	62	68	73	79
20 mcg	60	64	68	75	82	90	98	105

## Drips requiring OLMC

### Adult Epinephrine Drip

Dose is 2-10 mcg/min

Step 1

Determine Concentration

Mix 2 mg of Epinephrine 1:1,000  
in 250 mL NS (must use 60 drop set)  
(concentration is 8mcg/ml)

Step 2

Determine Rate

	Dose in mcg/min							
Drops /min	2	3	4	5	7	8	9	10
	15	22	30	37	52	60	67	75

## Adult Lidocaine Infusion

Range of Infusion 2-4 mg/min

Step 1  
Determine Concentration

Mix 1 gm Lidocaine in 250 mL NS

Step 2  
Determine Rate

Rate is drops per minute with a 60 drop set

Dose in mg/min

2	3	4
30	45	60

Drops/ minute

**ALS Cardiac Arrest Checklist:**

- Pit crew positions identified
- Continuous compressions being performed
- ITD in place w/light activated
- BVM is attached to oxygen and flowing
- Monitor visible and in paddles mode
- BVM mask attached to tubing if not being used
- ETCO2 waveform is present and being monitored
- IV/IO access has been obtained
- Gastric distention has been considered/addressed
- Family is receiving care and is at the patient's side
- Code Commander is identified and positioned at the monitor

<input type="checkbox"/> HYPOVOLEMIA	<input type="checkbox"/> TABLETS/TOXINS
<input type="checkbox"/> HYPOXIA	<input type="checkbox"/> TAMPONADE
<input type="checkbox"/> HYDROGEN IONS (ACIDOSIS)	<input type="checkbox"/> TENSION PNEUMOTHORAX
<input type="checkbox"/> HYPOTHERMIA	<input type="checkbox"/> THROMBOSIS (MI)
<input type="checkbox"/> HYPER/HYPOKALEMIA	<input type="checkbox"/> THROMBOSIS (PE)
<input type="checkbox"/> HYPOGLYCEMIA	<input type="checkbox"/> TRAUMA

	<b>Sign</b>	<b>0 Points</b>	<b>1 Point</b>	<b>2 Points</b>
<b>A</b>	<b>Appearance (Skin Color)</b>	Blue-gray, pale all over	Pink except for extremities	Pink over entire body
<b>P</b>	<b>Pulse</b>	Absent	<100/min	>100/min
<b>G</b>	<b>Grimace (Reflex Irritability)</b>	No response to stimuli	Grimaces in response to stimuli	Sneezes, coughs, pulls away
<b>A</b>	<b>Activity (Muscle Tone)</b>	Absent, flaccid	Arms and legs flexed	Active movement
<b>R</b>	<b>Respiration</b>	Absent	Slow, irregular	Good, crying
<b>1 Minute</b>		⇒ 10 Infant is in best possible condition		<b>5 Minutes</b>
_____		⇒ 7-9 Infant is slightly depressed but near normal		_____
_____		⇒ 4-6 Infant is moderately depressed		_____
_____		⇒ 0-3 Infant is severely depressed		_____
_____				_____
<i>Total</i> _____				<i>Total</i> _____

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**Asthma Checklist:**

- ETCO<sub>2</sub>, Pulse Ox, Cardiac Monitor
- Albuterol/Atrovent Administered
- CPAP @ 5 cm H<sub>2</sub>O with Albuterol
- Consider Magnesium if refractory

**Suspected Cardiac Chest Pain Checklist:**

- Rapid ECG criteria/acquisition
- ASA (if not allergic) chewed
- Oxygen titrated >95% <100%
- IF STEMI:
  - ⇒ Symptomatic and  $\geq 1$  mm ST elevation in 2 contiguous leads and no STEMI Alert exclusions (CS – 33)
  - ⇒ Immediate packaging/transport
  - ⇒ Declare STEMI Alert
  - ⇒ Defer additional treatment until enroute
- NTG SL and paste if:
  - ⇒ SBP >100
  - ⇒ No allergies to NTG
  - ⇒ No Viagra/Levitra last 24 hrs
  - ⇒ No Cialis last 48 hrs
  - ⇒ IV as time permits
- Fentanyl for persistent pain
- Contact receiving facility

## **CHF Checklist:**

- Absence of fever
- Oxygen
- CPAP
- NTG for HTN
- Dopamine & Fluids for hypotension
- MI Considered
  - ⇒ 12-Lead
  - ⇒ ASA

**First Responder Cardiac Arrest Checklist:**

- Pt moved to adequate working area
- Communications advised CPR in progress
- Pit crew positions identified
- Continuous compressions being performed
- ITD in place w/light activated
- BVM is attached to oxygen and flowing
- AED Applied
- Sufficient personnel or additional requested

**GCS:**

**Eyes Open**

- Spontaneous (4)
- To Voice (3)
- To pain (2)
- None (1)

**Best Verbal**

- Oriented (5)
- Confused (4)
- Inappropriate (3)
- Garbled (2)
- None (1)

**Best Motor**

- Obeys (6)
- Pain-Local (5)
- Pain withdrawal (4)
- Pain-Flexion (3)
- Pain-Extended (2)
- None (1)

## Induced Hypothermia Checklist:

Meets criteria for induction: ROSC (and)

- ⇒ ≥12 years old
- ⇒ Non-traumatic cause
- ⇒ No suspected hemorrhagic cause
- ⇒ Temp > 34 C (93.2 F)
- ⇒ Unable to follow commands

- |   |  |
|---|--|
| <input type="checkbox"/> ITD removed                                  | <input type="checkbox"/> Versed/Vecuronium if not hypotensive (advanced airway only) |
| <input type="checkbox"/> If Lucas used release/retract "pressure pad" | <input type="checkbox"/> Cold fluids/Dopamine for MAP <90                            |
| <input type="checkbox"/> Airway confirmed with each move              | <input type="checkbox"/> Ice packs applied to neck, axilla, groin                    |
| <input type="checkbox"/> Oxygen titrated to >95 < 100%                | <input type="checkbox"/> Cold saline infused 30ml/kg max 2L                          |
| <input type="checkbox"/> Continuous ETCO2                             | <input type="checkbox"/> Controlled Ventilation < 12 bpm                             |
| <input type="checkbox"/> 12-Lead ECG                                  | <input type="checkbox"/> Adequate personnel for transport                            |
| <input type="checkbox"/> Resuscitation Alert/STEMI Alert Declared     | <input type="checkbox"/> If loss of ROSC go to appropriate Protocol                  |

### **King LT Checklist:**

- Lubricate and pre-load 18 fr Gastric Tube
- Test cuff prior and apply lubricant to King
- Pull jaw forward to open mouth
- Place tip of airway in midline (blue line at corner of mouth)
- Advance airway while rotating to midline
- Advance to hub and inflate cuff
- Withdraw airway while ventilating
- STOP withdrawing when easy ventilation
- Check placement:
  - ⇒ Easy ventilation
  - ⇒ Chest rise
  - ⇒ Breath sounds
  - ⇒ E-Z Cap
- Inflate cuff further as needed

**MEDICAL ARREST: Termination of Resuscitation without OLMC Checklist:**

- Pt  $\geq$  18 yoa or family of minor is agreeable (consult Commander/DMO)
- Adequate CPR has been administered
- Airway managed with ET, King, Cric
- IV/IO Access has been achieved
- Rhythm appropriate meds/treatment administered
- Persistent (>20 min) Asystole/Agonal rhythm with no reversible causes
- Failure to establish ROSC at any time
- Failure to establish recurring/persistent v-fib
- Arrest not due to suspected hypothermia
- Providers agree with decision to cease efforts

**If all of the above are not met contact an on call System Medical Director for termination of efforts.**

**TRAUMATIC ARREST: Termination/withholding of Resuscitation Checklist:**

- Obvious injuries incompatible with life
- Pt is pulseless and apneic on arrival of first Provider **AND**
- Lacks respiratory effort after basic airway maneuvers **AND**
- Lacks organized electrical activity on ECG w/ rate > 40.
- Medical cause of arrest has been considered.

Parkland Burn Formula														
Pt weight	3kg	5kg	7kg	9kg	11kg	13kg	15kg	17kg	19kg	21kg	23kg	25kg	27kg	
%	10%	8	13	18	23	28	33	38	43	48	53	58	63	68
	20%	15	25	35	45	55	65	75	85	95	105	115	125	135
	30%	23	38	53	68	83	98	113	128	143	158	173	188	203
	40%	30	50	70	90	110	130	150	170	190	210	230	250	270
	50%	38	63	88	112	138	163	188	213	238	263	288	313	388
	60%	45	75	105	135	165	195	225	255	285	315	345	375	405
	70%	53	88	123	158	193	228	263	298	333	368	403	438	473
	80%	60	100	140	180	220	260	300	340	380	420	460	500	540
	90%	68	113	158	203	248	293	338	383	428	473	518	563	608
	100%	75	125	175	225	275	325	375	425	475	525	575	625	675

Fluid quantity is amount (in mL's) to be infused during the first hour after injury

This infusion chart should be kept together and/or laminated back to back

Parkland Burn Formula Continued													
Pt weight (kg)	30kg	35kg	40kg	45kg	50kg	55kg	60kg	70kg	80kg	90kg	100kg	110kg	120kg
% BSA	10%	75	88	100	113	125	138	150	175	200	225	250	300
	20%	150	175	200	225	250	275	300	350	400	450	500	600
	30%	225	263	300	338	375	413	450	525	600	675	750	900
	40%	300	350	400	450	500	550	600	700	800	900	1000	1200
	50%	375	438	500	563	625	688	750	875	1000	1125	1250	1500
	60%	450	525	600	675	750	825	900	1050	1200	1350	1500	1800
	70%	525	613	700	788	875	963	1050	1225	1400	1575	1750	2100
	80%	600	700	800	900	1000	1100	1200	1400	1600	1800	2000	2400
	90%	675	788	900	1013	1125	1238	1350	1575	1800	2025	2250	2700
	100%	750	875	1000	1125	1250	1375	1500	1750	2000	2250	2500	3000

Fluid quantity is amount (in mL's) to be infused during the first hour after injury

## Pediatric Amiodarone Infusion

(for VT or WCT of unknown origin with pulses) **Dose 5mg/kg over 20 minutes**

**Max dose 150 mg**

**Step 1**

**Determine Concentration**

Concentration: XX mg amiodarone in 50 mL NS

XX mL amiodarone in 50 mL NS

<b>Pt Weight</b>	3kg	5kg	7kg	9kg	11kg	13kg	15kg	17kg
<b>mg amiodarone</b>	15	25	35	45	55	65	75	85
<b>mL amiodarone</b>	0.3mL	0.5mL	0.7mL	0.9mL	1.1mL	1.3mL	1.5mL	1.7mL

<b>Pt Weight</b>	19kg	21kg	23kg	25kg	27kg	30kg	33kg	36kg
<b>mg amiodarone</b>	95	105	115	125	135	150	150	150
<b>mL amiodarone</b>	1.9mL	2.1mL	2.3mL	2.5mL	2.7mL	3mL	3mL	3mL

**Step 2**

**Determine Rate**

Rate is drops/minute with a 60 drop set

**Dose in mL/minute**

**50 mL / 20 min**

**150 Drops/ minute**

## Pediatric Calcium Gluconate Infusion

Dose 20 mg/kg over 5 minutes

Max dose 1 gram

### Step 1

#### Determine Concentration

Concentration: XX mg Calcium Gluconate in 50 mL NS  
(must use 10 drop set)

Pt Weight	3kg	5kg	7kg	9kg	11kg	13kg	15kg	17kg
mg Calcium	60	100	140	180	220	260	300	340
mL Calcium	0.6mL	1mL	1.4mL	1.8mL	2.2mL	2.6mL	3mL	3.4mL

mL Calcium using 1 gram/10 mL packaging

Pt Weight	19kg	21kg	23kg	25kg	27kg	30kg	33kg	36kg
mg Calcium	380	420	460	500	540	600	660	720
mL Calcium	3.8mL	4.2mL	4.6mL	5mL	5.4mL	6mL	6.6mL	7.2mL

### Step 2

#### Determine Rate

Dose in mL/min  
50 mL / 5 min

100 Drops/minute

# Pediatric Calcium Gluconate Infusion

Dose 50 mg/kg over 5 minutes

Max dose 1 gram

## Step 1

Determine Concentration

Concentration: XX mg Calcium Gluconate in 50 mL NS  
(must use 10 drop set)

Pt Weight	3kg	5kg	7kg	9kg	11kg	13kg	15kg	17kg
mg Calcium	150	250	350	450	550	650	750	850
mL Calcium	1.5mL	2.5mL	3.5mL	4.5mL	5.5mL	6.5mL	7.5mL	8.5mL

mL Calcium using 1 gram/10 mL packaging

Pt Weight	19kg	21kg	23kg	25kg	27kg	30kg	33kg	36kg
mg Calcium	950	1000	1000	1000	1000	1000	1000	1000
mL Calcium	9.5mL	10mL	10mL	10mL	10mL	10mL	10mL	10mL

## Step 2

Determine Rate

Dose in mL/min

50 mL / 5 min

100 Drops/minute

**Pediatric Dextrose Administration**

**Dose 0.5-1.0 gram/kg**

If less than 30 days or 9 kg, mix in 25 mL NS  
If greater than 30 days or 9 kg, mix in 50 mL NS

<b>Patient weight</b>	3kg	3kg	5kg	5kg	7kg	7kg	9kg	9kg
<b>Desired dose</b>	0.5G	1G	0.5G	1G	0.5G	1G	0.5G	1G
<b>Grams D50</b>	1.5	3	2.5	5	3.5	7	4.5	9
<b>mL D50</b>	3mL	6mL	5mL	10mL	7mL	14mL	9mL	18mL
	<b>Mix in 25 mL NS (waste 25 mL of 50 mL bag)</b>							
<b>Patient weight</b>	11kg	11kg	13kg	13kg	15kg	15kg	17kg	17kg
<b>Desired dose</b>	0.5G	1G	0.5G	1G	0.5G	1G	0.5G	1G
<b>Grams D50</b>	5.5	11	6.5	13	7.5	15	8.5	17
<b>mL D50</b>	11mL	22mL	13mL	26mL	15mL	30mL	17mL	34mL
	<b>Mix in 50 mL NS</b>							
<b>Patient weight</b>	19kg	19kg	21kg	21kg	23kg	23kg	25kg	25kg
<b>Desired dose</b>	0.5G	1G	0.5G	1G	0.5G	1G	0.5G	1G
<b>Grams D50</b>	9.5	19	10.5	21	11.5	23	12.5	25
<b>mL D50</b>	19mL	38mL	21mL	42mL	23mL	46mL	25mL	50mL
	<b>Mix in 50 mL NS</b>							
<b>Patient weight</b>	27kg	27kg	33kg	30kg	33kg	33kg	35kg	35kg
<b>Desired dose</b>	0.5G	1G	0.5G	1G	0.5G	1G	0.5G	1G
<b>Grams D50</b>	13.5	25	15	25	16.5	25	17.5	25
<b>mL D50</b>	30mL	50mL	30mL	50mL	33mL	50mL	35mL	50mL
	<b>Mix in 50 mL NS</b>							



## Pediatric Epinephrine Infusion

Range of infusion 0.1-1.0 mcg/kg/min

Step 1 Determine Concentration Concentration is patient weight in kg x 0.08 = mg Epi in 250 mL NS

<b>Determine Concentration</b>		<b>Concentration: X.X mg Epi 1:1000 in 250 mL NS</b>						
<b>Pt Weight</b>	3 KG	5 KG	7 KG	9 KG	11 KG	13 KG	15 KG	17 KG
<b>mg Epi</b>	0.2	0.4	0.6	0.7	0.9	1	1.2	1.4

<b>Pt Weight</b>	19 KG	21 KG	23 KG	25 KG	27 KG	30 KG	33 KG	35 KG
<b>mg Epi</b>	1.5	1.7	1.8	2	2.2	2.4	2.6	2.8

Step 2 Determine Rate Rate is drops/minute with a 60 drop set

<b>Determine Rate</b>		<b>Dose in mcg/kg/min</b>						
	0.1	0.2	0.3	0.5	0.7	0.8	0.9	1
<b>Drops/minute</b>	19	38	56	94	131	150	169	188

### Pediatric IV Maintenance Fluids

Patient Weight	3kg	5kg	7kg	9kg	11kg	13kg	15kg	17kg
Maintenance in mL/hr	12	20	28	36	42	46	50	54
gtts/min with 60 gtt set	12	20	28	36	42	46	50	54
1.5 x Maintenance	18	30	42	54	63	69	75	81
gtts/min with 60 gtt set	18	30	42	54	63	69	75	81

Patient Weight	19kg	21kg	23kg	25kg	27kg	30kg	33kg	35kg
Maintenance in mL/hr	58	61	63	65	67	70	73	75
gtts/min with 60 gtt/set	58	61	63	65	67	70	73	75
1.5 X Maintenance	87	92	95	98	101	105	110	113
gtts/min with 60 gtt/set	87	92	95	98	101	105	110	113

## Pediatric Lidocaine Infusion

Step 1

Determine Concentration

Range of Infusion 20-50 mcg/kg/min

Mix 40 mg Lidocaine in 50 mL NS

Step 2

Determine Rate

Rate is drops/minute with 60 drop set

Dose in mcg/kg/min	3 kg	5 kg	7 kg	9 kg	11 kg	13 kg	15 kg	17 kg
20 mcg	5	8	11	14	17	20	23	26
30 mcg	7	11	16	20	25	29	34	38
40 mcg	9	15	21	27	33	39	45	51
50 mcg	11	19	26	34	41	49	56	64

  

Dose in mcg/kg/min	19 kg	21 kg	23 kg	25 kg	27 kg	30 kg	33 kg	36 kg
20 mcg	29	32	35	38	41	45	50	54
30 mcg	43	47	52	56	61	68	74	81
40 mcg	57	63	69	75	81	90	99	108
50 mcg	71	79	86	94	101	113	124	135

## Pediatric Magnesium Sulfate Infusion

Range of Infusion 50 mg/kg over 20 min

Max dose 2 grams

### Step 1

#### Determine Concentration

Concentration: XXX mg Magnesium Sulfate in 50 mL NS

(must use 60 drop set)

Pt Weight	3 kg	5 kg	7 kg	9 kg	11 kg	13 kg	15 kg	17 kg
mg	150	250	350	450	550	650	750	800
mL	0.3mL	0.5mL	0.7mL	0.9mL	1.1mL	1.3mL	1.5mL	1.7mL

mL MgSO<sub>4</sub> using 1 gram/2mL packaging

Pt Weight	19 kg	21 kg	23 kg	25 kg	27 kg	30 kg	33 kg	36 kg
mg	950	1050	1150	1250	1350	1500	1650	1800
mL	1.9mL	2.1mL	2.3mL	2.5mL	2.7mL	3mL	3.3mL	3.6mL

Place in 50 mL NS

### Step 2

#### Determine Rate

Dose in mL/min		
50 mL / 20 min	150	Drops/ minute

## Pediatric Tylenol Dosing

Step 1  
Calculate Dose

Dose 15 mg/kg

Max dose 500 mg

mL based on 80 mg/0.8 mL packaging

Patient Weight	3kg	5kg	7kg	9kg	11kg	13kg	15kg	17kg
mg dose	45	75	105	135	165	195	225	255
mL dose	0.45mL	0.75mL	1.05mL	1.35mL	1.65mL	1.95mL	2.25mL	2.55mL

Patient Weight	19kg	21kg	23kg	25kg	27kg	30kg	33kg	35kg
mg dose	285	315	345	375	405	450	495	500
mL dose	2.85mL	3.15mL	3.45mL	3.75mL	4.05mL	4.5mL	4.95mL	5mL

## **Post Resuscitation Checklist:**

- ITD Removed
- Lucas Device “pressure pad” released and retracted
- Oxygen titrated to >95 < 100%
- Fluids and Dopamine considered for MAP <90
- 12-Lead EKG
- Resuscitation Alert/STEMI Alert Declared
- Continuous ETCO<sub>2</sub> monitoring
- Controlled Ventilation < 12 bpm
- Adequate personnel for transport
- Airway placement confirmed with each move
- Consider Criteria for Induced Hypothermia

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**Perform a Rapid 12 Lead on any patient > 20 years old with the following:**

- Suspected cardiac patient
  - ⇒ Pain between navel and jaw
  - ⇒ Pressure, discomfort, tightness or heartburn
  - ⇒ “Heart racing”, “palpitations”, or “heart too slow”
  - ⇒ CHF signs and symptoms
- Electrical injuries
- Syncope
- Severe Weakness if > 45 years old
- New onset stroke symptoms
- Difficulty breathing (no obvious respiratory cause)
- Suspected overdose
- Patient of any age with any of the above symptoms **AND** history of:  
(cardiac, diabetes, obese, family history of early CHD, or recent cocaine use)

**Refusal of Care/Treatment Checklist:**

- Pt is  $\geq$  18 or emancipated minor
- Pt is not suicidal/homicidal
- Pt demonstrates capacity
- Pt understands evaluation is incomplete
- Solutions to obstacles have been sought
- Pt instructed to seek medical attention
- Pt instructed to call back at any time
- Above documented fully in PCR
- In the following high risk situations contact with Medical Control is recommended:
  - ⇒ Age greater than 65?
  - ⇒ Pulse greater than 110 or less than 60?
  - ⇒ Systolic BP greater than 200 or less than 90?
  - ⇒ Respirations greater than 30 or less than 12?
  - ⇒ Serious chief complaint (chest pain, SOB, syncope)
  - ⇒ Significant MOI or high suspicion if injury?
  - ⇒ If it is your impression the patient requires hospital evaluation?

**These 2 sections should be kept together and/or laminated back to back**

**Capacity Checklist:**

- Patient is able to express in their own words:
  - ⇒ An understanding of the nature of their illness
  - ⇒ An understanding of the risks of refusal including death
  - ⇒ An understanding of alternatives to EMS treatment/transport
  - ⇒ Pt can provide rationale for refusal and debate this rationale
- A patient with any of the following **MAY** lack decision making capacity and should be carefully assessed for their ability to perform the above.
  - ⇒ Orientation to person, place or time that differs from baseline
  - ⇒ History of drug/alcohol ingestion with appreciable impairment such as slurred speech or unsteady gait
  - ⇒ Head injury with LOC, amnesia, repetitive questioning
  - ⇒ Medical condition such as hypovolemia, hypoxia, metabolic emergencies (e.g., diabetic issues); hypothermia, hyperthermia, etc.
- If any question exists about their capacity contact Medical Control

### **Restraints Checklist:**

- All other calming attempts have failed
- Adequate personnel to effect restraint (PD preferred)
- After restraint placed in supine position
- PD immediately available if handcuffed
- EMS personnel in constant attendance
- Chemical sedation administered
- Continuous SaO<sub>2</sub>, ETCO<sub>2</sub>, Monitor
- Continuous assessment of neurovascular status
- Adequate personnel for transport
- Excited Delirium considered
- Documentation:
  - ⇒ Efforts prior to restraint
  - ⇒ Time of restraint
  - ⇒ Chemical sedation
  - ⇒ Continuous monitoring
  - ⇒ PMS evaluation

## **Stroke Checklist:**

- Time patient last seen normal  $\leq$  8 hrs
- Blood glucose  $>50$   $<$  300
- Cincinnati Prehospital Stroke Screen (CPSS):
  - $\Rightarrow$  Facial droop
  - $\Rightarrow$  Arm drift
  - $\Rightarrow$  Slurred speech
- Declare STROKE ALERT
- ID family/historian to accompany
- Scene time  $<$  15 min