

POLICY: 554.25  
TITLE: Acute Cerebrovascular Accident

EFFECTIVE: 9/1/2026  
REVIEW: 8/2028  
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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**ACUTE CEREBROVASCULAR ACCIDENT**

- I. AUTHORITY  
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE  
To serve as a patient treatment standard for EMRs, EMTs, AEMTs, and Paramedics within their scope of practice.
- III. PROTOCOL  
An acute cerebrovascular accident (CVA) is characterized by weakness or paralysis on one side of the body/face, slurred speech, aphasia, difficulty with balance, inability to understand, difficulty in naming objects, confusion, difficulty swallowing, headache, acute visual disturbances (double vision, blindness, paralysis of extra-ocular muscles).

**Provider Key: F = First Responder/EMR    E = EMT    O = EMT Local Optional SOP  
P = Paramedic    A=Advanced EMT    D = Base Hospital Physician Order Required**

|                                                                                                                                                                    | F | E | O | A | P | D |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|
| <b>ASSESSMENT</b>                                                                                                                                                  | X | X | X | X | X |   |
| <b>PULSE OXIMETRY:</b> apply and monitor.                                                                                                                          |   | X | X | X | X |   |
| <b>CAPNOGRAPHY:</b> apply and monitor.                                                                                                                             |   |   |   |   | X |   |
| <b>OXYGEN:</b> if pulse oximetry < 94% or signs of respiratory distress or hypoperfusion.                                                                          | X | X | X | X | X |   |
| <b>ECG MONITOR:</b> lead placement may be delegated. Treat as indicated.                                                                                           |   |   |   |   | X |   |
| <b>*VAN SCALE</b>                                                                                                                                                  |   |   |   | X | X |   |
| <b>STROKE ALERT:</b> if positive VAN, notify receiving hospital.                                                                                                   |   |   |   | X | X |   |
| <b>VASCULAR ACCESS:</b> P - IV/IO, AEMT - IV only, rate as indicated.                                                                                              |   |   |   | X | X |   |
| <b>TEST FOR GLUCOSE</b>                                                                                                                                            |   | X | X | X | X |   |
| <b>D10:</b> infuse 100 mL IV/IO if blood glucose < 70 mg/dL. Recheck blood glucose 10 minutes post infusion. If blood glucose < 70 mg/dL, infuse remaining 150 mL. |   |   |   | X | X |   |

\*If VAN positive, refer to Policy 522.20 STROKE TRIAGE, TREATMENT AND DESTINATION.

**Vision, Aphasia, Neglect (VAN) Scale**

|                                              | <b>Normal</b>        | <b>Mild</b> | <b>Moderate</b>                                    | <b>Severe</b>             |
|----------------------------------------------|----------------------|-------------|----------------------------------------------------|---------------------------|
| How weak is the Patient?<br>Raise both arms. | No signs of weakness | Minor Drift | Severe drift- touches or nearly touches the ground | Flaccid or no antigravity |

| <b>Visual Disturbances</b>                                                       | <b>Aphasia</b>                                                                                             | <b>Neglect</b>                                                             |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Field cut (which side)<br>(4 quadrants)                                          | Expressive (inability to speak or paraphasic errors); do not count slurred words (repeat & name 2 objects) | Forced gaze or inability to track to one side.                             |
| Double Vision (ask pt. to look to right then left; evaluate for asymmetric gaze) | Receptive (not understanding or following commands) i.e., close eyes, make a fist.                         | Unable to feel both sides at the same time, or unable to identify own arm. |
| Blind – New Onset                                                                | Mixed                                                                                                      | Ignoring one side.                                                         |
| None                                                                             | None                                                                                                       | None                                                                       |

\*Patient must have weakness and one or more of the V, A, N to be VAN Positive.