The strategy proposed in this document to successfully solve this case follows most recent guidelines and/or expert opinion. It is just one example: as in real practice, different approaches can reach the same final results.
STRATEGIES FOR DIAGNOSIS & TREATMENT OPTIONS

1. Ask questions to the patient:
   DIALOGUE > MEDICAL CONDITION
   - What happened to you?
   - When did your symptoms start?
   - Did you have any recent surgery?

   DIALOGUE > MEDICATION
   - Do you take any medication?

2. Initiate Vital Signs Monitoring:
   MONITORING
   - Blood pressure
   - Diuresis
   - Temperature
   - Heart rate
   - Oxygen saturation
   - Respiratory rate
   - Blood glucose

3. Initiate physical exam:
   PHYSICAL EXAM > AIRWAY
   Airway observation

   PHYSICAL EXAM > BREATHING
   Lungs auscultation

   PHYSICAL EXAM > CIRCULATION
   - Pulse palpation
   - Capillary refill time
   - Heart auscultation

   PHYSICAL EXAM > DISABILITY
   Glasgow coma scale

4. Order tests:
   TESTS > IMAGING TESTS
   - Head CT
   - Cerebral CT Angiogram
   - Cerebral Perfusion CT
   - Transcranial Doppler

   TESTS > LAB TESTS
   Coagulation Test

   TESTS > DECISION AIDS
   Stroke Scale (NIHSS)
5. If the patient has Ischemic stroke of right MCA, call:
CALL > INTERVENTION NEURORADIOLOGIST
Call Intervention Neuroradiologist

CALL > STROKE UNIT
Call stroke unit
For Ischemic stroke of right MCA treatment, Call Stroke unit intervention, is an optional intervention.

6. If the patient has Hypoxia/ Severe Hypoxia:
INTERVENTION > OXYGEN THERAPY
- Nasal cannula 2 L / min
- High flow mask 40 %

INTERVENTION > VENTILATION
Invasive Ventilation

8. If the patient has Apnea (if thrombolysis is given):
INTERVENTION > VENTILATION
Invasive Ventilation

9. If the patient has cardiac arrest (if thrombolysis is given):
INTERVENTION > VENTILATION
Invasive Ventilation
INTERVENTION > LIFE SUPPORT
Chest Compressions 100 compressions / min
MEDICATION > VASOACTIVE AGENTS
Adrenaline 1 mg IV bolus