2.18 Stroke

This checklist is included as a resource for EMTs and receiving hospitals. If used, please leave a copy with the patient and document all elements on Patient Care Report

Date: Amb #: Pt. Age: ❑ M ❑ F
Patient's Name: DOB:

STROKE ALERT! Criteria:

	YES	NO	Unknown
Time last known well (TLKW) < 24 hours?	☐	☐	☐
Any abnormal finding not attributable to head trauma?	☐	☐	☐
Blood Glucose >60?	☐	☐	☐

TIME LAST KNOWN WELL:
: AM/PM

BLOOD GLUCOSE LEVEL:
mg/dL

FAST-ED Stroke Scale

Item	Score
Facial Palsy	
Normal or minor paralysis	0
Partial or complete paralysis	1
Arm weakness	
No drift	0
Drift or some effort against gravity	1
No effort against gravity or no movement	2
Speech changes	
Absent	0
Mild to moderate	1
Severe, global aphasia or mute	2
Eye deviation	
Absent	0
Partial	1
Forced deviation	2
Denial/Neglect	
Absent	0
Extinction to bilateral simultaneous stimulation in only 1 sensory modality	1
Does not recognize own hand or orients only to one side of the body	2

History:

Conditions:
- ❑ Head Trauma/ Seizures
- ❑ Cardiac Arrhythmias
- ❑ Recent/current bleeding, trauma, surgery or invasive procedure
- ❑ Bleeding disorder
- ❑ Pregnancy

Medications:
- ❑ Coumadin/ warfarin
- ❑ Pradaxa/ dabigatran
- ❑ Xaralto/ rivaroxaban
- ❑ Eliquis/apixaban
- ❑ aspirin

Sudden Acute Stroke Symptoms:

- ❑ *Sudden* numbness, weakness or paralysis of face, arm or leg-- especially one side of the body
- ❑ *Sudden* confusion, trouble speaking or understanding speech
- ❑ *Sudden* trouble seeing in one or both eyes
- ❑ *Sudden* trouble walking, loss of balance or coordination; or
- ❑ *Sudden* severe headache with no known cause
- ❑ *Sudden* dizziness

Say "Stroke Alert" in Hospital Entry Note if patient meets the Stroke Criteria, even if symptoms have resolved.