

EMS STROKE SCREEN

Acute Stroke Pathway

ARRIVAL TIME AT HOSPITAL:

DATE:

EMS PCR#:

Patient information:

Name:

Age: M / F

DOB: DD/MM/YY

PHN:

Time last seen normal (LSN): ____ : ____

Last seen by: Name:

Phone:

Relation to patient:

Stroke screen: (time of initial ____:____)

History provided by:

Name:

Phone:

Relation to patient:

Glucose > 3.0

NO → Transport to nearest appropriate medical facility

YES ↓

FAST screen

LSN Time < 12 hours

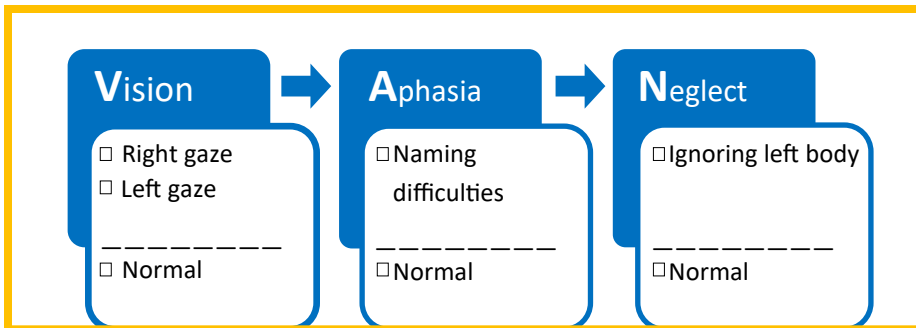
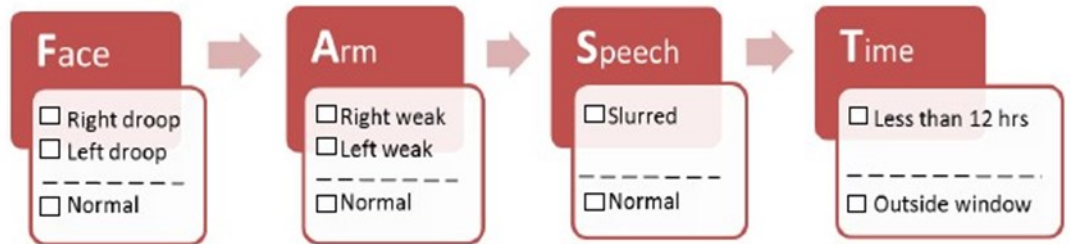
FAST NEGATIVE → Transport to nearest appropriate medical facility

FAST POSITIVE & NO arm weakness → Transport to nearest primary stroke center

FAST POSITIVE & YES arm weakness ↓

VAN screen

One or more VAN



NO → Continue to nearest CT-enabled primary stroke center
Notify ED triage "THIS IS A STROKE ALERT"

YES → Continue to nearest CT-enabled primary stroke center
Notify ED triage "THIS IS A STROKE ALERT WITH POSSIBLE LARGE VESSEL OCCLUSION"

Start IV (2 large gauge, above wrist)

Alert triage: Pt name/Age/DOB/sex/LSN 00:00/FAST VAN findings/ETA/Call back number

****Brainstem stroke should be considered with decreased LOC and impaired eye movements/diplopia****

Vital Signs: (Time of initial ____:____)

BP

HR

RR

Sat%

Temp

BG

+ Vision = Patient looking preferentially to one side

*Usually away from the side of weakness

+ Aphasia = Patient looks at simple objects but can't name them (pen, watch)

*Usually goes with right side of weakness

+ Neglect = Patient ignores left side when both sides are touched simultaneously

*Usually goes with left side of weakness

Neglect step testing:

With eyes closed, ask patient to say "left, right, or both" when arms are touched.

Touch right, then left, then both together, asking for a response after each stimulus.

**** Neglect is positive when patient is only able to identify that the right side was touched, when in fact both**

**** Brainstem stroke should be considered with decreased LOC and impaired eye movements/diplopia****

Information Needed for Call to Triage:

Pt name / Age / DOB / Sex / LSN 00:00 / FAST VAN findings / ETA / Call back number

Stroke Mimic Questions

- No seizure seen during/before deficit
- Not comatose
- Not caused by trauma
- No brain tumor or brain malformations
- Glucose normal

T PA Criteria

- Last well < 4.5 hours
- Not on blood thinners (aspirin, plavix ok)
- No recent surgeries
- No brain pathology
- No bleeding disorders

Endovascular Bypass Criteria

- Deficit (stroke symptoms) not preexisting
- Last well <6 hours
- Living independently (not bed bound or in long term care facility due to neurological problem)
- Passes Stroke Mimic Questions (see Box 1)
- Has severe arm weakness and arm touches bed in <10 sec.