EMS STROKE SCREEN		ARRIVAL TIME AT HOSPITAL:		
Acute Stroke Pathway		DATE:	EMS PCR#:	
Patient information:	information: Time last known normal (LKN): :			
Name:	Last seen by: Name:			
Age: M / F	Phone:			
DOB: DD/MM/YY				
PHN:	Relation to patien	·		
	History provided b	listory provided by:		
Stroke screen: (time of initial:)				
☐ LKN Time < 24 hours				
☐ FAST NEGATIVE ———— Transport to nearest appropriate medical facility				
☐ FAST POSITIVE & NO Unilateral arm weakness (VAN Negative) ———— Transport to nearest primary stroke center				
FAST POSITIVE & YES				
unilateral arm weakness Vision Side of Wea	Aph	asia ght Weakness w	Neglect // Left Weakness	
		aming difficulties	☐ Ignoring left body	
☐ Right ☐ Vision Loss:	11()	nable to follow		
VAN screen		mmands	 □ Normal	
□Normal	□ No	ormal		
One or more VAN				
NO Continue to nearest Certified Stroke Center Notify ED triage "THIS IS A STROKE ALERT"				
Continue to nearest Certified Stroke Center Notify ED triage "THIS IS A STROKE ALERT WITH POSSIBLE LARGE VESSEL OCCLUSION"				
Notify LD triage This is A STROKE ALERT WITH POSSIBLE LARGE VESSEL OCCEOSION				
Stroke Mimic Questions (box 1)		Research Only Endovascular Criteria (box 3)		
☐ No seizure seen during/before deficit		☐ New deficit (stroke symptoms) not preexisting		
□ Not comatose		Last well <6 hours		
□ Not caused by trauma□ No brain tumor or brain malformations/aneurysn	ns	Living independently (not bed bound or in long term care facility due to neurological problem)		
Glucose normal (60- 400)		☐ Passes Stroke Mimic Questions (see Box 1)		
		☐ Has severe unilateral arm weakness (arm touches bed quickly)		
T PA Criteria (box 2)				
☐ Last well < 4.5 hours ☐ Not on blood thinners (aspirin, plavix ok)		Blood Thinners		
No recent surgeries (3 months brain or spine; 21 days		arfarin (Coumadin) axiban (Eliquis)		
		bigatran (Pradaxa)		
☐ No bleeding disorders		raroxaban (Xarelto)		
	Ed	oxaxaban (Savasya)		
☐ Start IV (@least 1 large gauge , 2 preferred)				
☐ Alert triage: Pt name/Age/DOB/sex/LKN 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
- *Gaze usually away from the side of weakness
- *Vision loss usually same side as weakness (2 fingers left, 1 finger right)
- + Aphasia = Patient looks at simple objects but can't name them (pen, watch), can't follow commands (close eyes, make fist)
- *Usually goes with right sided weakness
- + Neglect = Patient ignores left side when both sides are touched simultaneously
- *usually goes with left sided 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 sides were touched at the same time

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

Information needed to call triage:

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