

# EMS STROKE SCREEN

## Acute Stroke Pathway

ARRIVAL TIME AT HOSPITAL: \_\_\_\_\_

DATE: \_\_\_\_\_

EMS PCR#: \_\_\_\_\_

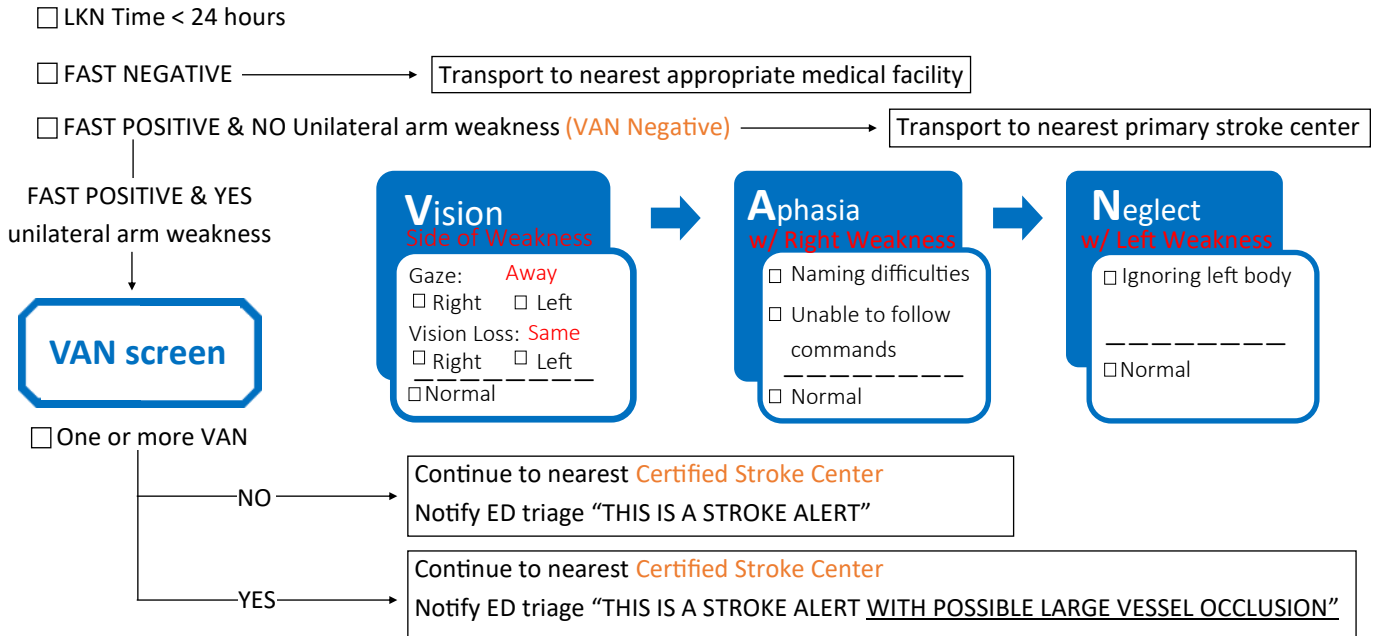
### Patient information:

Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ M / F  
 DOB: DD/MM/YY  
 PHN: \_\_\_\_\_

Time last known normal (LKN): \_\_\_\_\_ : \_\_\_\_\_

Last seen by: Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Relation to patient: \_\_\_\_\_  
 History provided by: \_\_\_\_\_

### Stroke screen: (time of initial \_\_\_\_:\_\_\_\_)



#### Stroke Mimic Questions (box 1)

- No seizure seen during/before deficit
- Not comatose
- Not caused by trauma
- No brain tumor or brain malformations/aneurysms
- Glucose normal (60- 400)

#### Research Only Endovascular Criteria (box 3)

- New 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 unilateral arm weakness (arm touches bed quickly)

#### T PA Criteria (box 2)

- Last well < 4.5 hours
- Not on blood thinners (aspirin, plavix ok)
- No recent surgeries (3 months brain or spine; 21 days major)
- No brain tumor or aneurysm
- No bleeding disorders

#### Blood Thinners

Warfarin (Coumadin)  
 Apaxiban (Eliquis)  
 Dabigatran (Pradaxa)  
 Rivaroxaban (Xarelto)  
 Edoxaxaban (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**