

STROKE ALERT

Date: ___/___/___ Time At Patient Side: _____ (24 hr) EMS Unit: _____ BLS ALS Age: ___ M F
 Pt Name: _____ Time HOSPITAL Called: _____ (24 hr) Stroke Level: 1 2
 Event Witness Name: _____ Cell: () _____ Home: () _____
 Closest Relative: _____ Cell: () _____ Home: () _____

Level 1 (Code RED) Last Seen Normal ≤ 3.5 hrs
POTENTIAL for tPA

Level 2 Last Seen Normal >3.5 & up to 6 hrs
POTENTIAL for INTERVENTION

F.A.S.T. Exam (Cincinnati Pre-hospital Stroke Scale)¹ Check box if any are **ABNORMAL** & check GLUCOSE.

Face: Have patient smile while showing teeth. **ABNORMAL:** Facial **droop** or asymmetry. **DROOP**

Arm: Have patient closes eyes and holds arms out with palms up for 10 seconds.
ABNORMAL: One arm **drifts** down or is unable to raise as high. **DRIFT**

Speech: Patient repeats, "You can't teach an old dog new tricks" (or similar familiar phrase).
ABNORMAL: Words are **slurred**, inappropriate, unintelligible, or there is no speech. **SLURR**

Time "Last Seen Normal" (or baseline): _____ (24 hr) Date: ___/___/___.

IMPORTANT: With any **ABNORMAL** sign, check **GLUCOSE** prior to activating Stroke Alert.

Glucose: _____ mg/dL (Treat if less than 50 and **reassess** prior to activating Stroke Alert)

STROKE IS A MEDICAL EMERGENCY. LIMIT ON SCENE TIME TO 15 MINUTES

Complete the following fields if time permits (preferably *en route*).

"Time is Brain!"

Upon **ARRIVAL**, report all known or *suspected* conditions to Emergency Department personnel.

tPA Candidate Screen - Possible tPA exclusions.

- Known bleeding disorder Active internal bleeding Brain cancer, tumor, or AVM (malformation)
 Seizure at onset History of brain hemorrhage Anticoagulant use (Coumadin, Lovenox, Pradaxa, Xeralto, Eliquis, etc)

Medical History

- Hypertension A-Fib/Flutter High Cholesterol Diabetes CAD or MI Obesity PVD
 Smoker Heart Failure Prior Stroke or TIA Residual Stroke Deficit Dementia

Stroke Mimics

- HyperGlycemia** (>400 mg/dL) **Seizure history** (or conversion disorder) **Migraine history** (esp. complex migraines) **Brain tumor** **Sepsis** (recent or suspected infection?)

1. Interpretation: If **any** 1 of these 3 signs is abnormal, the probability of a stroke is 72%. Modified from Kothari RU, Pancioli A, Liu T, Brott T, Broderick J. Cincinnati Prehospital Stroke Scale: reproducibility and validity. Ann Emerg Med. 1999;33:373-378. With permission from Elsevier.