

STROKE ALERT Checklist

Date:	Time:	Unit #:	Age:	<input type="checkbox"/> Male/Female <input type="checkbox"/>
EMS Agency:			Lead Medic:	
EMS Arrival Time:	EMS Departure Time:		ED Arrival Time:	
Patient Name:			Incident #:	
Witness Name:		Cell #:	Home #:	
Closest Relative (if different):		Cell #:	Home #:	
CINCINNATI STROKE SCALE (FAST) <i>(✓ If Abnormal)</i>				
<input type="checkbox"/> F—(face) FACIAL DROOP: Have patient smile or show teeth (look for asymmetry). Normal: Both sides of the face move equally or not at all. Abnormal: One side of the patient's face droops.				
<input type="checkbox"/> A—(arm) MOTOR WEAKNESS: Arm drift (close eyes, extend arms, palms down). Normal: Remain extended equally, drifts equally, or does not move at all. Abnormal: One arm drifts down as compared with the other.				
<input type="checkbox"/> S—(speech): "You can't teach an old dog new tricks" (repeat phrase). Normal: Phrase is repeated clearly and correctly. Abnormal: Words are slurred (dysarthria) or abnormal (aphasia) or no speech.				
<input type="checkbox"/> T—TIME OF SYMPTOM ONSET: Last time seen normal _____				
EXPANDED STROKE SCALE				
<input type="checkbox"/> Level of consciousness (AVPU)				
<input type="checkbox"/> Questions (age, month)				
<input type="checkbox"/> Visual fields (right up/down, left up/down)				
<input type="checkbox"/> Leg drift (open eyes and lift each leg separately)				
<input type="checkbox"/> Coordination—arm and leg (finger to nose and heel to shin)				
PERTINENT HISTORY/SYMPTOMS			Last Time Without Symptoms: _____	
<input type="checkbox"/> Explosive headache	<input type="checkbox"/> Head trauma or seizure at onset	EVALUATION		
<input type="checkbox"/> Nausea/vomiting, weakness	<input type="checkbox"/> On Coumadin (warfarin)	SaO ₂ _____ % Glucose _____ mg/dL		
<input type="checkbox"/> Light intolerance	<input type="checkbox"/> Recent or current bleeding, trauma, surgery, or invasive procedure	TREATMENT		
<input type="checkbox"/> Visual disturbances	<input type="checkbox"/> History of hemorrhagic CVA or CVA ≤ 3 months	<input checked="" type="checkbox"/> Head elevation > 30° (unless hypotensive) <input checked="" type="checkbox"/> IV medication access point <input checked="" type="checkbox"/> Do not administer O ₂ when SpO ₂ ≥ 92% <input checked="" type="checkbox"/> If SpO ₂ is < 92%, administer 2 L/min nasal cannula. <input checked="" type="checkbox"/> If unable to maintain SpO ₂ ≥ 92%, administer high-flow O ₂ , or consider intubation. <input checked="" type="checkbox"/> Other _____		
<input type="checkbox"/> Changes in LOC	<input type="checkbox"/> Bleeding disorder			
<input type="checkbox"/> Neck pain or stiffness	<input type="checkbox"/> History of brain tumor or AVM			
STROKE ALERT CRITERIA		YES	NO	
Time of onset ≤ 5 hours?				
Any "abnormal" finding on examination?				
Deficit not likely due to head trauma?				
Blood glucose > 50 mg/dL?				
If answer is yes to all Stroke Alert criteria, call a Stroke Alert and transport the patient urgently to the nearest appropriate stroke center!				
Hospital destination:			Time Stroke Alert called:	