

EMS Stroke Screen

(Adopted from Los Angeles Prehospital Stroke Screen)

1. Date: _____ Time: _____

2. Patient Name: _____
Last First

3. Age: _____

4. History from:

- Patient
- Family Member
- Other

Name Phone
(encourage witness to come to the hospital or bring them)

5. Last time patient known to be symptom-free was @ _____ Military Time: < 12 hours
 > 12 hours
 unknown

6. Nature of Deficit:

- Weakness → R L
- Numbness → R L
- Loss of vision/double vision other _____
- Difficulty walking
- Speech difficulties
- Loss of consciousness
- Vertigo

7. History of seizures or epilepsy: Yes Unknown No

8. At baseline, patient is wheelchair bound or bedridden: Yes Unknown No

Screening Criteria:

9. Symptom duration **less than 12** hours: Yes Unknown No

10. Blood Glucose (_____ mg/dL) > 50 mg/dl: Yes No

11. Exam: **Look for Obvious Asymmetry**

	Normal	Right	Left
Facial Smile/Grimace:	<input type="checkbox"/>	<input type="checkbox"/> Droop	<input type="checkbox"/> Droop
Grip:	<input type="checkbox"/>	<input type="checkbox"/> Weak	<input type="checkbox"/> Weak
Arm Strength:	<input type="checkbox"/>	<input type="checkbox"/> Drifts Down	<input type="checkbox"/> Drifts Down
Speech:	<input type="checkbox"/>	<input type="checkbox"/> Abnormal	

Based on exam, patient has only unilateral (not both sides) weakness: Yes Unknown No

12. Items 9, 10, 11, are all yes (or unknown) – Screening criteria met: Yes Unknown No

13. If criteria met, call ED with “Stroke Alert,” and relay info to triage nurse. If not then return to the appropriate treatment protocol. (Note: the patient may still be experiencing a stroke even if the criteria are not met.)

EMS Provider: _____ EMS Provider: _____ 06/15