Committed to Excellence

FOAMD EMS STROKE NETWORK
STROKE ALERT

Date: ____________  Time: ____________  Unit #: ____________  Age: ____  Sex:  □ Male  □ Female

Patient’s Name: ________________________________________________  Incident Number: ____________

Event Witness Name: __________________________________________  Cell #: ____________________  Home #: ____________

Closest Relative (If different than above): __________________________  Cell #: ____________________  Home #: ____________

Stroke / Stroke Alert Determination Page

Check if Abnormal

Cincinnati Stroke Scale (FAST)

☐ 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

☐ A (Arm)  Motor Weakness: Arm drift (close eyes, extend arms, palms up)

Normal: Arms remain extended equally, drift equally or do not move at all
Abnormal: One arm drifts when compared with the other

☐ S (Speech)  Speaking: “You can’t teach an old dog new tricks” (Repeat phrase)

Normal: Phrase is repeated clearly and correctly
Abnormal: Words are slurred (dysarthria), abnormal (aphasia) or none.

T (Time)  TIME LAST SEEN NORMAL: ____________________________

If any box is checked, consider patient to be a possible STROKE ALERT. Move on to section 1

Check all appropriate box(es)

Section 1:

☐ Time last seen normal, greater than 8 hours

☐ Resolution of signs / symptoms (TIA) prior to arrival / transport

☐ DNR order present

☐ Glucose less than 50 and symptoms improve with administration of D50

Are any items in Section 1 checked?

YES: Patient IS NOT a Stroke Alert. TRANSPORT TO CLOSEST APPROPRIATE ED.

NO: PROCEED TO SECTION 2. THIS IS A STROKE ALERT.
**Destination Determination Page**

**Section 2:**

Does the patient have a baseline GCS of less than or equal to 12 **Prior to the event?**

**YES:** TRANSPORT TO PRIMARY STROKE CENTER (Call a Stroke Alert)

**NO:** PROCEED TO SECTION 3

**Section 3:**

Los Angeles Motor Scale

Please check the appropriate box(es)

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facial Droop</td>
<td>□ 0</td>
</tr>
<tr>
<td></td>
<td>□ 1</td>
</tr>
<tr>
<td>Arm Drift</td>
<td>□ 0</td>
</tr>
<tr>
<td></td>
<td>□ 1</td>
</tr>
<tr>
<td></td>
<td>□ 2</td>
</tr>
<tr>
<td>Grip Strength</td>
<td>□ 0</td>
</tr>
<tr>
<td></td>
<td>□ 1</td>
</tr>
<tr>
<td></td>
<td>□ 2</td>
</tr>
</tbody>
</table>

Total _________________________

☐ **Score**  4 – 5 – TRANSPORT TO COMPREHENSIVE STROKE CENTER (Call a Stroke Alert)

☐ **Score**  3 – PROCEED TO SECTION 4

☐ **Score**  0 - 2 – TRANSPORT TO PRIMARY STROKE CENTER (Call a Stroke Alert)

**Section 4:**

Check all appropriate box(es)

☐ Estimated arrival at Emergency Department is greater than 3.5 hours since time last seen normal

☐ Seizure (at onset)

☐ Patient is on any of the following blood thinners:
  - Coumadin (warfarin), Pradaxa (dabigatran), Brilinta (ticagrelor), Xarelto (rivaroxaban), Lovenox (enoxaparin) or Fragmin (dalteparin)

☐ Recent (within 14 days) or current bleeding, trauma, surgery or invasive procedure

☐ Bleeding / Clotting disorders (history of GI / GU bleeding within last 21 days)

☐ Pregnancy or Complication / Termination of pregnancy less than 30 days

☐ Known Intracranial pathology (Tumor, Aneurysm, ArterioVenous Malformation (AVM) or Intracranial Hemorrhage)

☐ Sudden onset of worst headache ever

Are any items in **Section 4** checked?

**YES:** TRANSPORT TO COMPREHENSIVE STROKE CENTER (Call a Stroke Alert)

**NO:** TRANSPORT TO PRIMARY STROKE CENTER (Call a Stroke Alert)

**Time is Brain.** Time from Stroke Alert identification to hospital arrival should be less than 30 minutes.

Revision Date 06/08/2012