

FLORIDA EMERGENCY MEDICAL SERVICES STROKE ALERT CHECKLIST

DATE & TIMES

Date:	Dispatch Time:	EMS Arrival Time:	EMS Departure Time:	ED Arrival Time:
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BASIC DATA

Patient Name	Age	Gender
Witness(es) Name	Witness(es) Phone	
Last Time (- Known Well or Normal - Without Symptoms - Onset)	(Cell Phone #, Home #, Work #)	
Blood Glucose		

Prehospital Stroke Scale (Check if abnormal)	<p style="background-color: yellow;">Cincinnati FAST Stroke Scale</p> <input type="checkbox"/> Facial Droop <input type="checkbox"/> Arm Drift <input type="checkbox"/> Abnormal Speech <input type="checkbox"/> Other Basic Stroke Scale	
	<p style="background-color: yellow;">Advanced Stroke Scale</p> <input type="checkbox"/> LAMS ^o <input type="checkbox"/> German 3 item ^o <input type="checkbox"/> RACE ^o <input type="checkbox"/> Cincinnati Advanced <input type="checkbox"/> NIHSS <input type="checkbox"/> Other scale predictive of Large Vessel Occlusion (LVO) (Enter Scale and Result: _____)	

Comprehensive Stroke Center (CSC) YES NO

If **ANY** of the following (and feasible), transport **EMERGENTLY** to CSC/Stroke Interventional Hospital, **CALL STROKE ALERT***

1. Onset >3.5 hours (>2.5 hours if age >80) and < 9 hours		
2. High Suspicion of Major Stroke/LVO on Advanced Stroke Scale		
3. High suspicion of SAH/ICH – see Stroke Alert Criteria below		
4. IV Lytic contraindications		
5. Wake Up Stroke (option to transport to facility capable of required assessment, such as CT Perfusion, or MRI/MRA)		

*STROKE ALERT CRITERIA YES NO

IF ANSWER IS **YES** TO **ALL** OF THE FOLLOWING STROKE ALERT CRITERIA, **CALL STROKE ALERT** & TRANSPORT PATIENT **EMERGENTLY** TO MOST APPROPRIATE, CLOSEST AVAILABLE **STROKE CENTER** (if within a reasonable distance), (Acute Stroke Ready Hospital (ASRH), PSC, or CSC/Stroke Interventional Hospital)

1. Onset <3.5 hours (ASRH, PSC, or CSC); <9 hours (CSC)? ^o		
2. Any abnormal neurological finding on examination?		
3. Absence of head trauma causing deficits?		
4. Absence of stroke symptom response to hypoglycemic treatment?		

Additional Stroke Alert Criteria to Consider for Transport to CSC: ✓ IF ABNORMAL

Suspicion of Subarachnoid Hemorrhage?	Severe worst headache Sudden & unexplained decrease LOC Often with severe N/vomiting and/or very high BP	
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EN ROUTE, PERFORM MORE COMPLETE NEURO ASSESSMENT IF TIME ALLOWS

DESTINATION STROKE CENTER		STROKE CENTER CONTACT	
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★ ASRH = Acute Stroke Ready Hospital
 PSC = Primary Stroke Center
 CSC = Comprehensive Stroke Center
 LAMS = Los Angeles Motor Scale
 NIHSS = Natl. Inst. of Health Stroke Scale

LVO = Large Vessel Occlusion
 RACE= Rapid Arterial Occlusion Evaluation
 German 3 item = LOC, Gaze, Motor