

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 Name	Witness Phone		
Last Time Without Symptoms			
Blood Glucose (if possible)			

HISTORY

	YES	NO
Severe Headache		
Head Trauma at Onset		

EXAMINATION

/ IF ABNORMAL

Subarachnoid Hemorrhage?	Level of Consciousness (AVPU)	
	Neck Stiffness (cannot touch chin to chest)	
Prehospital Stroke Scale	Speech (repeat "You can't teach an old dog new tricks")	
	Facial Droop (show teeth or smile)	
	Arm Drift (close eyes and hold out both arms)	

STROKE ALERT CRITERIA

YES NO

Time of onset < 5 hours?	
Any abnormal finding on examination?	
Deficit <u>not</u> likely due to head trauma?	
Blood glucose > 50? (if fingerstick possible)	

TRANSPORT **ALL** PATIENTS TO
NEAREST AVAILABLE "STROKE CENTER"



IF ANSWER IS **YES** TO **ALL** STROKE ALERT CRITERIA,
CALL **STROKE ALERT** & TRANSPORT PATIENT **URGENTLY**

EN ROUTE, PERFORM MORE COMPLETE NEURO ASSESSMENT IF TIME ALLOWS

DESTINATION STROKE CENTER		STROKE CENTER CONTACT	
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