### SAMPLE FLORIDA EMERGENCY MEDICAL SERVICES
### STROKE-TRIAGE ASSESSMENT TOOL

#### DATE & TIMES
- **Date:**
- **Dispatch Time:**
- **EMS Arrival Time:**
- **EMS Departure Time:**
- **ED Arrival Time:**

#### BASIC DATA
- **Patient Name:**
- **Age:**
- **Gender:**
- **Witness(es) Name:**
- **Witness(es) Phone:**
  - (Cell Phone #, Home #, Work #)
- **Last Time Known To Be at Baseline Neuro Status:**
  - ☐ Unknown ☑ Wake Up

#### Blood Glucose Level

#### Stroke Scale
- **Stroke Screening Tool**
  - ☐ ImBalance ☐ Eyes (Loss/Double Vision) ☐ Facial Droop ☐ Arm and/or Leg Drift ☐ Abnormal Speech
  - Scale used: ☐ CPSS° ☐ LAPSS° ☐ BE-FAST° Other: ________

#### Stroke Severity Tools
- **[Predictive of Large Vessel Occlusion (LVO°)]**
  - ☐ LAMS° ☐ RACE° ☐ C-STAT° ☐ FAST-ED° ☐ VAN°
  - ☐ Other: ________
  - Numerical score: ________
  - Cortical signs (circle): ☑ Y ☐ N
    - (Gaze, Aphasia and/or Neglect)

#### STROKE ALERT CRITERIA
- **OF THE FOLLOWING CRITERIA, IF ANSWER IS YES TO ALL, CALL STROKE ALERT**
  - **YES** ☑
  - **NO** ☐

1. Onset <24 hours including unknown onset and wake up stroke?
2. Any abnormal focal neurological findings on stroke scale and/or neurological exam?
3. Absence of head trauma causing deficits?
4. No return to baseline after hypoglycemic treatment?

- **Additional Stroke Alert Criteria: IF ANY ABNORMAL, CALL STROKE ALERT**
  - ☑ IF ABNORMAL

#### Suspection of head bleed (SAH/ICH)
- Sudden worst-ever headache
- Sudden & unexplained decreased level of consciousness
- Consider when: onset of symptoms after activity, nausea/vomiting, neck stiffness, acute onset GCS<15 and/or significantly elevated blood pressure

#### STROKE TRIAGE CRITERIA
- **FOR ALL STROKE ALERTS:** TRANSPORT EMERGENTLY to closest appropriate stroke center. (If multiple stroke center destinations exist, consideration should be made for triage to the highest-level stroke center, not exceeding an additional transport time of approximately 20 minutes.)

- **CSC/TSC Priority Criteria:** If any of the following items are checked TRANSPORT EMERGENTLY to a CSC/TSC if available within approximately 45 to 60 minutes.

1. Onset > 3.5 and < 24 hours, including wake up stroke and unknown onset stroke
2. High Suspicion of Major Stroke / LVO on Stroke Severity Scale (i.e. +Cortical signs)
3. High suspicion of SAH/ICH
4. IV Lytic Contraindications (e.g. blood thinners, recent surgery, prior head bleed etc.)

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**BE-FAST** = Balance Eyes Face Arm Speech Time  
**CSC** = Comprehensive Stroke Center  
**CPSS** = Cincinnati Pre-Hospital Stroke Severity scale  
**FAST-ED** = Field Assessment Stroke Triage for Emergency Destination  
**GCS** = Glasgow Coma Scale  
**LAMS** = Los Angeles Motor Scale  
**VAN** = Vision Aphasia Neglect  
**LAPSS** = Los Angeles Pre-Hospital Stroke Score  
**LVO** = Large Vessel Occlusion  
**PSC** = Primary Stroke Center  
**RACE** = Rapid Arterial Occlusion Evaluation  
**TSC** = Thrombectomy Capable Stroke Center  
**ASRH** = Acute Stroke Ready Hospital

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References


