

# February 2018

## FLORIDA EMERGENCY MEDICAL SERVICES STROKE ALERT CHECKLIST

### 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/Well/Normal/ Without Symptoms (onset) \_\_\_\_\_

Blood Glucose \_\_\_\_\_

**Prehospital Stroke Scale (Check if abnormal)**

**Basic Stroke Scale**

Cincinnati **FAST** Stroke Scale:     **F**acial Droop     **A**rm Drift     Abnormal **S**peech  
 Other Basic Stroke Scale (CPSS<sup>o</sup>, LAPSS<sup>o</sup>, BE-FAST<sup>o</sup>, MEND<sup>o</sup>, others) \_\_\_\_\_

**Advanced Stroke Scale**

[Predictive of Large Vessel Occlusion (LVO<sup>o</sup>)]

LAMS<sup>o</sup>     RACE<sup>o</sup>     CPSSS<sup>o</sup>     NIHSS<sup>o</sup>     VAN<sup>o</sup>     FAST-ED<sup>o</sup>  
 Other Advanced Stroke Scales  
 (Enter Scale and Result: \_\_\_\_\_)

### Comprehensive Stroke Center (CSC)

**YES    NO**

If **ANY** of the following are positive, transport **EMERGENTLY**  
to CSC / PSC-E / TSC / Stroke Interventional Hospital:

1. Onset >3.5 and < 24 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 EMERGENTLY**  
 to MOST APPROPRIATE, CLOSEST AVAILABLE **STROKE CENTER** (if within a reasonable distance),  
 (Acute Stroke Ready Hospital (ASRH), PSC, or CSC / PSC-E / TSC / Stroke Interventional Hospital)

1. Onset <3.5 hours (ASRH <sup>o</sup> , PSC <sup>o</sup> , PSC-E / TSC <sup>o</sup> , or CSC <sup>o</sup> ); <24 hours(CSC, PSC-E / TSC)?		
2. Any abnormal focal 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**

<b>Suspicion of Subarachnoid Hemorrhage?</b>	Sudden worst-ever headache Sudden & unexplained decrease LOC Often: after activity, with severe nausea/vomiting, neck discomfort especially with movement, GCS<15, significantly elevated BP	
--	--	--

EN ROUTE, PERFORM MORE COMPLETE NEURO ASSESSMENT IF TIME ALLOWS

<b>DESTINATION STROKE CENTER</b>	<b>STROKE CENTER</b>
----------------------------------	----------------------



ASRH = Acute Stroke Ready Hospital  
 BE-FAST = Balance Eyes Face Arm Speech  
 CSC = Comprehensive Stroke Center  
 CPSSS = Cincinnati Pre-Hospital Stroke Severity Scale  
 FAST-ED = Field Assessment Stroke Triage for Emergency Destination  
 GCS = Glasgow Coma Scale  
 LAMS = Los Angeles Motor Scale  
 LAPSS = Los Angeles Pre-Hospital Stroke Score

LVO = Large Vessel Occlusion  
 MEND = Miami Emergency Neurologic Deficit  
 NIHSS = Natl. Inst. Of Health Stroke Scale  
 PSC = Primary Stroke Center  
 PSC-E = Certified PSC – Endovascular Capable  
 RACE = Rapid Arterial Occlusion Evaluation  
 TSC = Thrombectomy Capable Stroke Center  
 VAN = Vision, Aphasia, Neglect