EMS STROKE SCREEN
Saskatchewan Acute Stroke Pathway

| ARRIVAL TIME AT HOSPITAL: |
| DATE: EMS PCR#: |

Patient information:

Name:

Age: M / F

DOB: DD/MM/YY

PHN:

Time last seen normal (LSN): _____ : _____

Last seen by:
Name:
Phone:
Relation to patient:
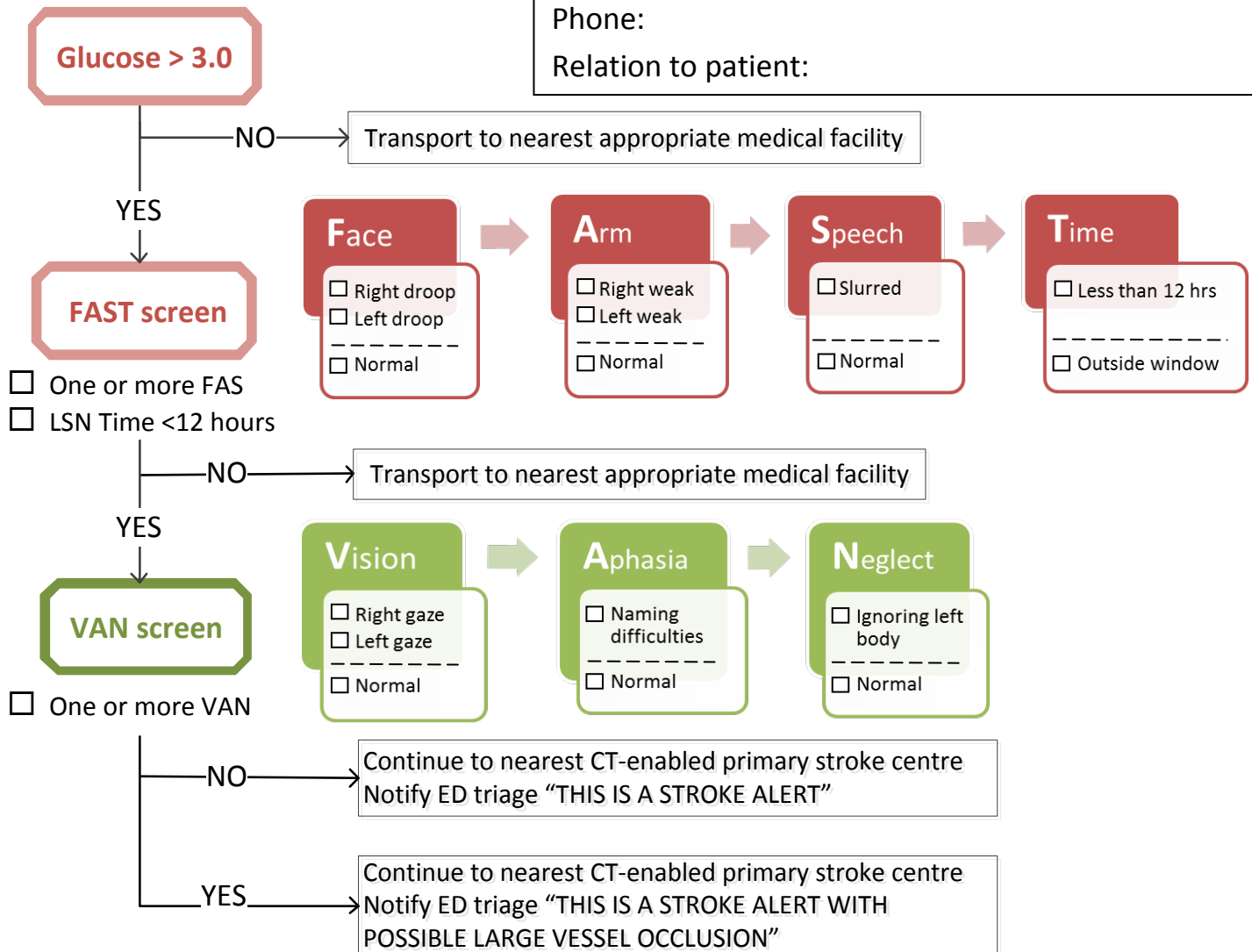
Stroke screen: (time of initial ___:___)

History provided by:
Name:
Phone:
Relation to patient:

Glucose > 3.0

— NO → Transport to nearest appropriate medical facility

YES

FAST screen

☐ One or more FAS
☐ LSN Time <12 hours

Face
☐ Right droop
☐ Left droop
– – – – – – –
☐ Normal

Arm
☐ Right weak
☐ Left weak
– – – – – – –
☐ Normal

Speech
☐ Slurred
– – – – – – –
☐ Normal

Time
☐ Less than 12 hrs
– – – – – – –
☐ Outside window

— NO → Transport to nearest appropriate medical facility

YES

VAN screen

☐ One or more VAN

Vision
☐ Right gaze
☐ Left gaze
– – – – – – –
☐ Normal

Aphasia
☐ Naming difficulties
– – – – – – –
☐ Normal

Neglect
☐ Ignoring left body
– – – – – – –
☐ Normal

— NO → Continue to nearest CT-enabled primary stroke centre
Notify ED triage "THIS IS A STROKE ALERT"

— YES → Continue to nearest CT-enabled primary stroke centre
Notify ED triage "THIS IS A STROKE ALERT WITH POSSIBLE LARGE VESSEL OCCLUSION"

☐ **Start IV (2 large gauge, above the wrist)**
☐ **Alert triage: Pt name / Age / DOB / sex / LSN 00:00 / FAST VAN findings / ETA / Call back number**

** Brainstem stroke should be considered with decreased LOC and impaired eye movements/diplopia**

Vital Signs: (time of initial ___:___)

BP	HR	RR	Sat %	Temp	BG
			☐ RA ☐ 02		