

Order set: <b>IN-PATIENT EVALUATION POSSIBLE ACUTE STROKE</b> Saskatchewan Acute Stroke Pathway Protocols	Addressograph
Site:	

<b>PATIENT INFORMATION</b>		
Last seen normal __ __ : __ __ Date _____ Seen by (witness name): History provided by: <input type="checkbox"/> Patient <input type="checkbox"/> Family member <input type="checkbox"/> Other _____	Past medical history: <input type="checkbox"/> Diabetic <input type="checkbox"/> Recent Trauma <input type="checkbox"/> Bleeding <input type="checkbox"/> Anticoagulant <input type="checkbox"/> Antiplatelet	Sending unit contact number:  Next of kin contact number:

<b>PHYSICAL EXAMINATION</b>				
Time of initial assessment __ __ : __ __				
BP:	RR:	Sat%:	Airway Clear?	Pupils:
BGM:	HR:	<input type="checkbox"/> RA	Yes <input type="checkbox"/>	(L) _____
	T:	<input type="checkbox"/> SpO2@____ L/min	No <input type="checkbox"/>	(R) _____

**Perform stroke screens on all patients.**

<b>FAST screen ONE OR MORE SYMPTOMS = FAST POSITIVE</b>				<b>FAST</b>
<b>FACE</b>	<b>ARM</b>	<b>SPEECH</b>	TIME Last seen normal (LSN):	<b>+</b>
<input type="checkbox"/> Left droop	<input type="checkbox"/> Right weak	<input type="checkbox"/> Slurred		<b>-</b>
<input type="checkbox"/> Right droop	<input type="checkbox"/> Left weak			
<b>VAN screen ONE OR MORE SYMPTOMS = VAN POSITIVE</b>				<b>VAN</b>
<b>VISION</b>	<b>APHASIA</b>	<b>NEGLECT</b>		<b>+</b>
<input type="checkbox"/> Right gaze	<input type="checkbox"/> Naming difficulties	<input type="checkbox"/> Ignoring left body		<b>-</b>
<input type="checkbox"/> Left gaze				

**Vision** = Patient looks preferentially to one side

**Aphasia** = Patient looks at objects but cannot name them

**Neglect** = Patient can only identify that the right side was touched, when both sides were touched at the same time. To test for neglect touch right arm, then left arm, then both arms together, asking for a response after each stimulus.

**\*\*Consider brain stem stroke: sudden onset coma/impaired LOC with no other cause\*\***

**If FAST positive and LSN within 12 hours – call STROKE ALERT**

**If FAST & VAN positive and LSN within 24 hours – call FAST VAN stroke alert**

- Notify MRP or consulting physician of STROKE ALERT.
- Call ambulance service for transport.
- Notify EMS “This is a STROKE ALERT” or “This is a FAST VAN positive stroke alert.”

**\*\* If physician has not responded within 30 minutes, initiate emergency transport of stroke patient.\*\***

