

EMS STROKE SCREEN

Saskatchewan Acute Stroke Pathway

ARRIVAL TIME AT HOSPITAL:

DATE:

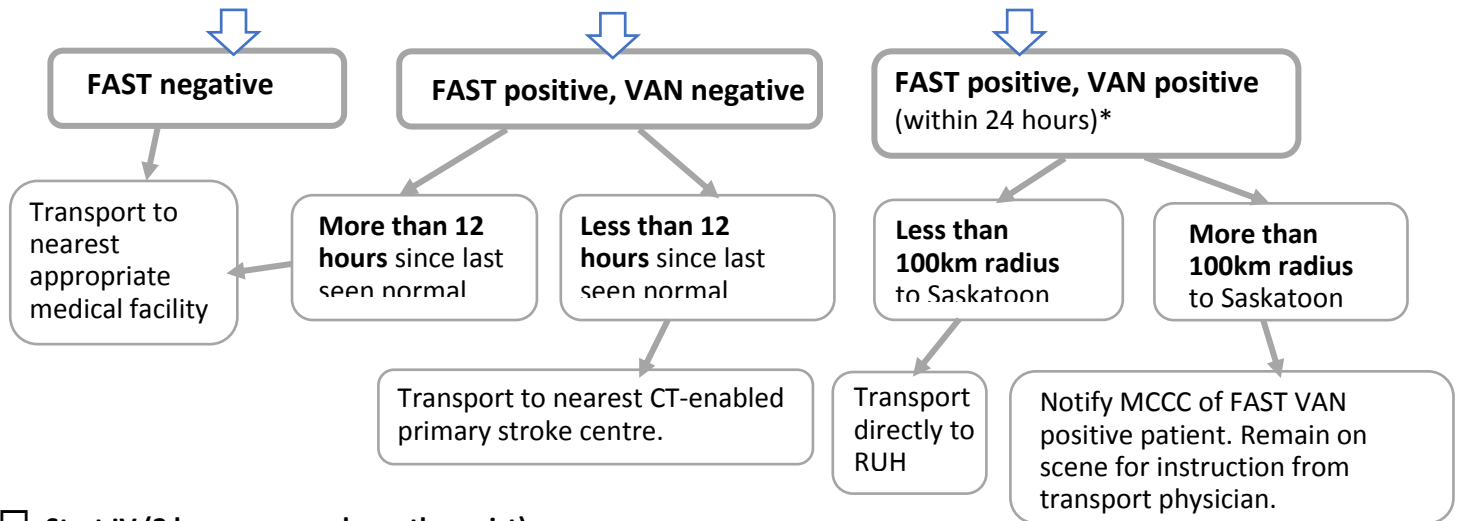
EMS PCR#:

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: _____

Perform random blood glucose test before proceeding to stroke screen.

Perform stroke screens on all patients.

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



Start IV (2 large gauge, above the wrist)

Alert triage: Pt name / Age / DOB / sex / LSN 00:00 / FAST VAN findings / ETA / EMS 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	BGL
			<input type="checkbox"/> RA <input type="checkbox"/> O2		

* Patients more than 24 hours from stroke symptom onset are not covered by acute stroke protocols. Transport to nearest appropriate medical facility.