

FLORIDA BUREAU OF EMS

STROKE ALERT CHECKLIST

DATE & TIMES

Date:	Dispatch Time:	EMS Arrival Time:	EMS Departure Time:	ED Arrival Time:
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BASIC DATA

Patient Name		Age		Gender	
Witness Name		Witness Phone			
Last Time Without Symptoms					
Blood Glucose (if possible)					

HISTORY

	YES	NO
Severe Headache		
Head Trauma at Onset		

IF ABNORMAL

Subarachnoid Hemorrhage?	Level of Consciousness (AVPU)	
	Neck Stiffness (cannot touch chin to chest)	
Prehospital Stroke Scale	Speech (repeat "You can't teach an old dog new tricks")	
	Facial Droop (show teeth or smile)	
	Arm Drift (close eyes and hold out both arms)	

STROKE ALERT CRITERIA

	YES	NO
Time of onset < 5 hours?		
<u>Any</u> abnormal finding on examination?		
Deficit <u>not</u> likely due to head trauma?		
Blood glucose > 50? (if fingerstick possible)		



IF ANSWER IS **YES** TO **ALL** STROKE ALERT CRITERIA,
CALL **STROKE ALERT** & TRANSPORT PATIENT **URGENTLY**
TO NEAREST APPROPRIATE HOSPITAL

EN ROUTE, PERFORM MORE COMPLETE NEURO ASSESSMENT IF TIME ALLOWS

DESTINATION HOSPITAL		HOSPITAL CONTACT	
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