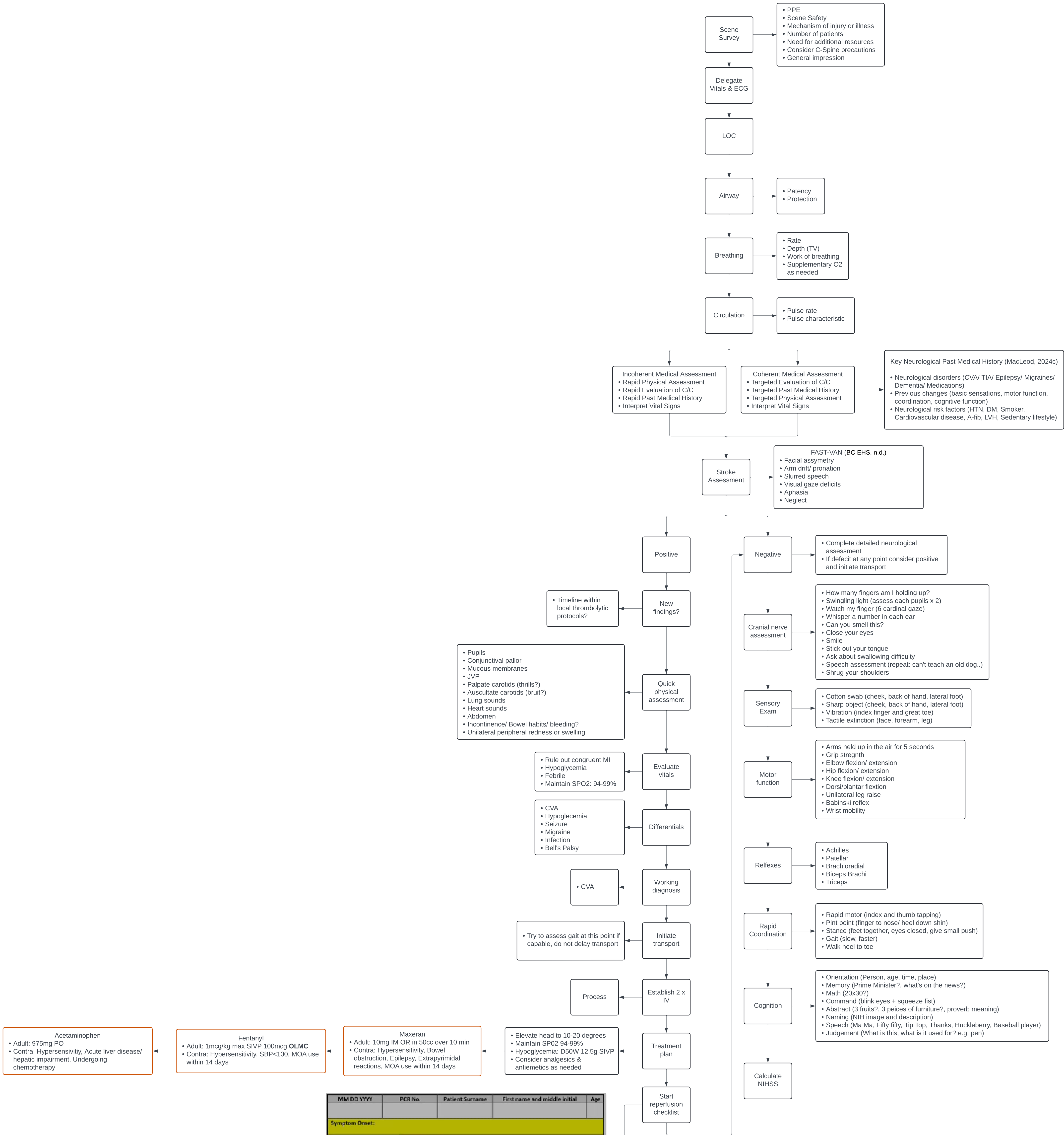


Suspected CVA/ TIA



MM DD YYYY	PCR No.	Patient Surname	First name and middle initial	Age
Symptom Onset:				
Time of Onset:	Hours Elapsed:			
	0---1---2---3---4---5---6---7---8---9---10---11---12			
TPA <3 Hours and 3-6 hours from symptom onset to thrombolytic treatment				
Inclusion Criteria				(circle one)
1. Patient meets criteria for stroke protocol				YES NO
2. Onset of symptoms <6 hours before beginning treatment				YES NO
3. Age >18 years				YES NO
Exclusion Criteria for <3 hours (Absolute Contraindications)				(circle one)
1. Head trauma or prior stroke in previous 3 months				YES NO
2. **Symptoms suggesting subarachnoid hemorrhage (sudden onset of severe headache)				YES NO
3. Arterial puncture at noncompressible site in previous 7 days (Eg: Aorta, subclavian artery, iliac artery)				YES NO
4. **History of previous intracranial hemorrhage				YES NO
5. Elevated blood pressure (systolic > 185 mm Hg or diastolic > 110 mmHg)				YES NO
6. Evidence of active bleeding on examination				YES NO
7. Known bleeding diathesis, including but not limited to: a) Platelet count <100,000/mm (if unknown circle "NO") b) Heparin received within 48 hours c) Current use of anticoagulant (Warfarin/Coumadin) unless INR known <1.7 or on Pradax/Dabigatran/Xarelto/Rivaroxaban (note Antiplatelet therapy such as ASA/Plavix/Clopidogrel/Aggrenox (ASA/Dipyridamole) is not a contraindication)				YES NO
8. Blood glucose concentration <2.7 mmol/L				YES NO
Relative Contraindications				(circle one)
1. Only minor or rapidly improving stroke symptoms (clearing spontaneously) EG: TIA				YES NO
2. Seizure at onset with postictal residual neurologic impairments				YES NO
3. Major surgery or serious trauma within previous 14 days				YES NO
4. Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)				YES NO
5. Recent acute myocardial infarction (within previous 3 months)				YES NO
Additional Exclusion Criteria for 3-4.5 hours				(circle one)
1. Age >80				YES NO
2. Severe stroke (NIHSS >25)				YES NO
3. History of both previous stroke and diabetes				YES NO
4. On anticoagulation therapy (Warfarin or direct oral anticoagulants (DOAC)- Apixaban, Betrixaban, Dabigatran, Edoxaban, Rivaroxaban) regardless of INR				YES NO
** Any suspect of hemorrhagic or ischemic stroke should be transported Code 1 without delay.			Notified Emergency Department Before Arrival	
			YES	NO

(Island EMS, n.d.)

References

- AHS protocols. (2024, August 8). <https://www.ahsems.com/public/protocols/templates/desktop/#home>
- BC EHS. (n.d.). *FAST-VAN Stroke Card*. FAST-VAN Stroke Card. <https://handbook.bcehs.ca/clinical-resources/clinical-references-cards/fast-van-stroke-card/>
- ISLAND EMS . (n.d.). *Stroke Reperfusion Checklist*.
- MacLeod, M. H. (2024c). Neurological Targeted History and Physical ver. 7.