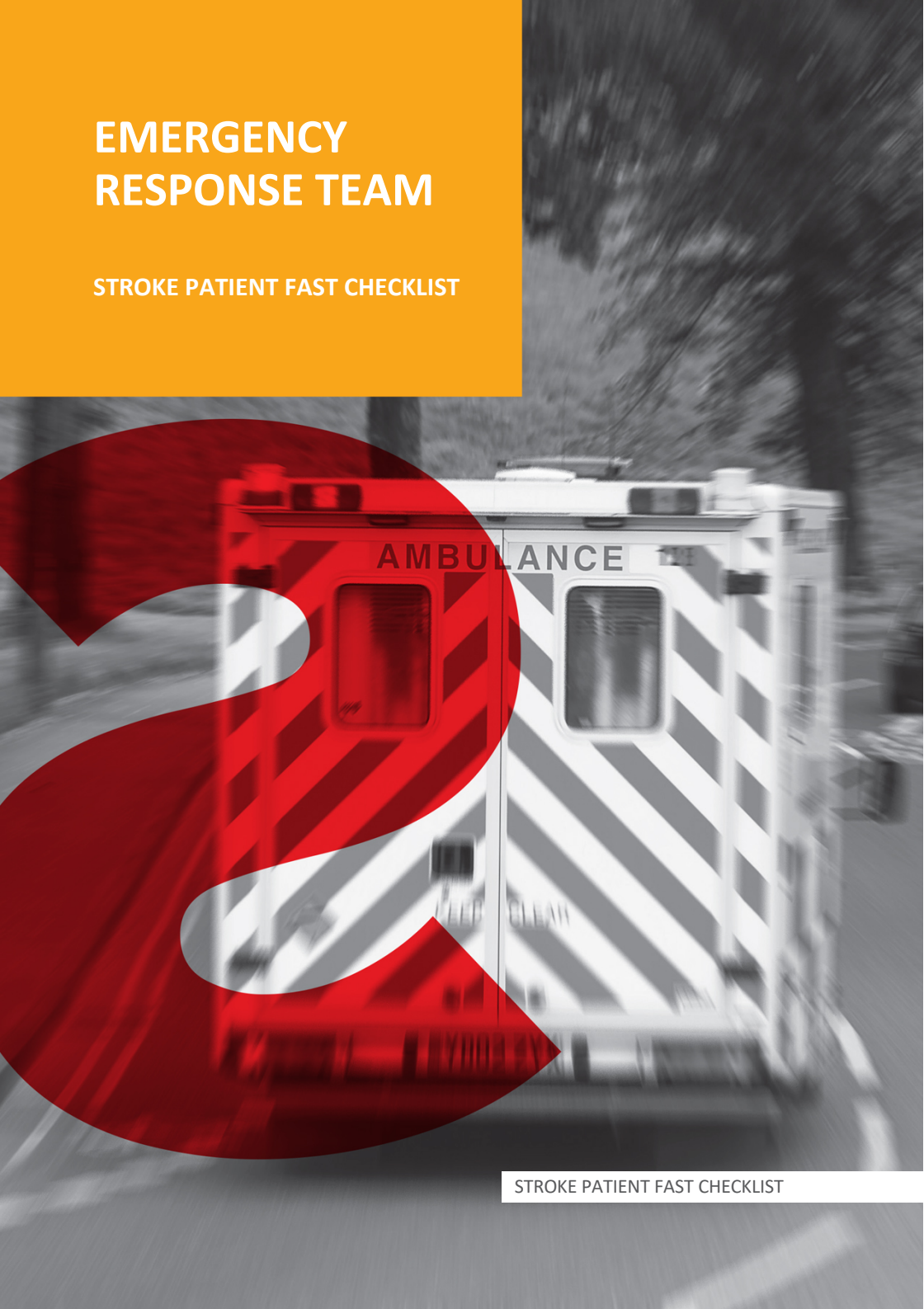
EMERGENCY RESPONSE TEAM

STROKE PATIENT FAST CHECKLIST



EMERGENCY RESPONSE TEAM

STROKE PATIENT CHECKLIST

PATIENT NAME: **DOB:**
SOCIAL SECURITY NUMBER:

NAME AND PHONE NUMBER OF RELATIVE:

Initial assessment form

Time of symptom onset (time last known normal)[3] :

Stroke screening[1]

	Normal	Abnormal
☐ Facial droop	Both sides of face move equally	One side of face does not move at all
☐ Arm drift	Both arms move equally or not at all	One arm drifts compared to the other
☐ Speech	Patient uses correct words with no slurring	Slurred or inappropriate words or mute

☐ Suspected stroke diagnosed – **Immediate transport** to **closest stroke ready hospital**

Pre-notify hospital en route

☐ Alert stroke team

☐ Ensure immediate access to imaging on arrival (CT or MRI)

☐ Make aware of potential need for thrombolytic therapy

Airways, Breathing, Circulation (ABCs)[3]

☐ Elevate upper body 30°

☐ Establish iv. access (preferably 2 large bore cannulas with saline lock) and start 0.9% saline solution infusion[2]

☐ Measure capillary oxygen saturation, and give O_2 if saturation fails below 95% (caution in COPD patients)[2, 3]

Blood sugar test mg/dL

☐ Hypoglycaemia: <50 mg/dL (<2.8 mmol/L) - iv dextrose bolus or infusion of 10-20% glucose.[2]

☐ Hyperglycaemia: >180 mg/dL (10 mmol/L) - use iv saline and avoid glucose solutions. Consult a doctor as to the need for insulin titration.[2]

Blood pressure mmHg

☐ Hypotension: SBP ≤120 mmHg (no signs of congestive heart failure) - 500 mL electrolyte solution or NaCl 0.9% iv.[2]

☐ Hypertension: SBP >220 mmHg; DBP >120 mmHg - Cautious blood pressure lowering is recommended under close medical supervision. Avoid sublingual nifedipine. Consider iv. labetalol or urapidil.[2]

Current and recent medical history

- [ ] Coagulation disorders or recent stroke
- [ ] Diabetes
- [ ] Hypertension
- [ ] Atrial Fibrillation
- [ ] Malignancy
- [ ] Trauma or fall before symptom onset
- [ ] Recent invasive or surgical procedures

Current medication (please list)

Especially anticoagulants, platelet aggregation inhibitors

Level of function and independence prior to onset of symptoms

Development of symptoms

- [ ] Stable
- [ ] Unstable
- [ ] Improving
- [ ] Worsening

EMS staff member, name	Staff number	Signature	Date
			Time

References:
1. Acad Emerg Med. 1997 Oct;4(10):986-90. **2.** European Stroke Organization guidelines 2008. Cerebrovasc Dis 2008;25(5):457-507.
3. AHA/ASA Guideline. Stroke.2013;44:870-947

These checklists are provided as an example. Please adapt to your local regulations and prescribing information before use.