

VERMONT EMS STROKE SCREENING TOOL

DATE & TIMES

EMS Agency:		EMS person completing this form:		
Date :	Dispatch Time:	EMS Arrival Time:	EMS Departure Time:	ED Arrival Time:

BASIC DATA

Patient name:	Age or DOB:	Gender:
Time last known well: <i>(If patient awoke with symptoms, last time known to be at baseline)</i>		
Witness:		Best contact number for witness:

PREHOSPITAL STROKE SCALE EXAMINATION

Please check:

CINCINNATI STROKE SCALE

FACIAL DROOP:	<i>Have patient smile or show teeth.</i> <u>Normal:</u> Both sides of the face move equally well. <u>Abnormal:</u> One side of the face does not move as well as the other.	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
ARM DRIFT:	<i>Have patient close eyes and hold arms extended.</i> <u>Normal:</u> Both arms move the same, or both arms don't move at all <u>Abnormal:</u> One arm doesn't move, or one arm drifts down compared to the other.	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
SPEECH:	<i>Ask the patient to repeat a phrase such as, "You can't teach an old dog new tricks"</i> <u>Normal:</u> Patient says the correct words without slurring. <u>Abnormal:</u> Patient slurs words, says the wrong word, or is unable to speak.	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
BLOOD GLUCOSE:		<input style="width: 100px; height: 20px;" type="text"/>	

<u>Yes</u>	<u>No</u>	STROKE ALERT CRITERIA -- Please check Yes or No:
<input type="checkbox"/>	<input type="checkbox"/>	Time last known well is < (less than) 24 hours or unknown?
<input type="checkbox"/>	<input type="checkbox"/>	Blood glucose is or has been corrected to > (greater than) 60 mg/dL?
<input type="checkbox"/>	<input type="checkbox"/>	Any abnormal finding on Prehospital Stroke Scale examination?
<input type="checkbox"/>	<input type="checkbox"/>	Deficit unlikely due to head trauma or other identifiable cause?

Stroke Alert Criteria -- If yes to all criteria, contact receiving hospital and report a STROKE ALERT AND TIME LAST KNOWN WELL

<input type="checkbox"/>	Administer oxygen to maintain saturation between 94% - 98%
<input type="checkbox"/>	Head of stretcher at 30° (unless patient requires spinal motion restriction)
<input type="checkbox"/>	Minimize on-scene time. Do NOT delay for ALS intercept.
<input type="checkbox"/>	18g IV access (right AC preferred site)
<input type="checkbox"/>	Correct glucose if < 60 mg/dl
<input type="checkbox"/>	250 mL NS bolus IV (preferred) or other isotonic fluid specified by EMS District Medical Advisor
<input type="checkbox"/>	12-lead EKG (or other single lead EKG view) transmitted to receiving hospital if possible

HOSPITAL DESTINATION:

HOSPITAL CONTACT NAME: