# VERMONT EMS STROKE SCREENING TOOL

## DATE & TIMES

<table>
<thead>
<tr>
<th>EMS Agency:</th>
<th>EMS person completing this form:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Dispatch Time:</td>
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</table>

## BASIC DATA

<table>
<thead>
<tr>
<th>Patient name:</th>
<th>Age or DOB:</th>
<th>Gender:</th>
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<tbody>
<tr>
<td>Time last known well:</td>
<td>(If patient awoke with symptoms, last time known to be at baseline)</td>
<td></td>
</tr>
<tr>
<td>Witness:</td>
<td>Best contact number for witness:</td>
<td></td>
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## PREHOSPITAL STROKE SCALE EXAMINATION

### CINCINNATI STROKE SCALE

#### FACIAL DROOP:

*Have patient smile or show teeth.*

- **Normal:** Both sides of the face move equally well.
- **Abnormal:** One side of the face does not move as well as the other.

#### ARM DRIFT:

*Have patient close eyes and hold arms extended.*

- **Normal:** Both arms move the same, or both arms don't move at all
- **Abnormal:** One arm doesn't move, or one arm drifts down compared to the other.

#### SPEECH:

*Ask the patient to repeat a phrase such as, "You can't teach an old dog new tricks"*

- **Normal:** Patient says the correct words without slurring.
- **Abnormal:** Patient slurs words, says the wrong word, or is unable to speak.

### BLOOD GLUCOSE:

#### STROKE ALERT CRITERIA -- Please check Yes or No:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tr>
<td>![ ]</td>
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- **Time last known well is < (less than) 24 hours or unknown?**
- **Blood glucose is or has been corrected to > (greater than) 60 mg/dL?**
- **Any abnormal finding on Prehospital Stroke Scale examination?**
- **Deficit unlikely due to head trauma or other identifiable cause?**

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

- ![ ] Administer oxygen to maintain saturation between 94% - 98%
- ![ ] Head of stretcher at 30° (unless patient requires spinal motion restriction)
- ![ ] 18g IV access (right AC preferred site)
- ![ ] Correct glucose if < 60 mg/dl
- ![ ] 250 mL NS bolus IV (preferred) or other isotonic fluid specified by EMS District Medical Advisor
- ![ ] 12-lead EKG (or other single lead EKG view) transmitted to receiving hospital if possible

## HOSPITAL DESTINATION:    HOSPITAL CONTACT NAME:

Revised 4/5/18