

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:
Last time without symptoms:		<i>(If patient awoke with symptoms, last time known to be at baseline)</i>
Witness/family name:		Best contact number for witness:
New Onset Complaint (check all that apply):		
<input type="checkbox"/> Weakness R / L <input type="checkbox"/> Confusion, difficulty speaking or understanding <input type="checkbox"/> Numbness R / L <input type="checkbox"/> Balance/coordination difficulty <input type="checkbox"/> Other _____		

EXAMINATION

CINCINNATI STROKE SCALE	Abnormal	Normal
FACIAL DROOP: Have patient smile or show teeth: look for asymmetry. <u>Normal:</u> Both sides of the face move equally <u>Abnormal:</u> One side of the patient's face droops.		
MOTOR WEAKNESS: Have patient close eyes, extend arms, palms up for 10 seconds. <u>Normal:</u> Arms remain extended equally, or drift equally. <u>Abnormal:</u> One arm drifts down compared to the other, or unable to lift one arm.		
SPEECH: Have patient repeat after you: "You can't teach an old dog new tricks" <u>Normal:</u> Phrase is repeated clearly and correctly. <u>Abnormal:</u> New onset of slurred speech (dysarthria), abnormal (aphasia) or none.		
BLOOD GLUCOSE (if possible):		

INTERVENTIONS PER EMS CERTIFICATION LEVEL (check boxes):

Establish STROKE ALERT CRITERIA	YES
Time from onset of symptoms known to be less than 6 hours?	
Blood glucose is or has been corrected to greater than 50? (if fingerstick possible)	
Any abnormal finding on Cincinnati Stroke Scale examination?	
Deficit unlikely due to head trauma or other identifiable cause?	
* IF <u>YES TO ALL STROKE ALERT CRITERIA:</u> CONTACT RECEIVING HOSPITAL AND REPORT STROKE ALERT	

- O2 by NRB
- Head of stretcher at 30°
- Minimize on-scene time
- 18g AC IV access
- Correct glucose if < 80 mg/dl
- 250 cc 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:
