

EMERGENCY RESPONSE TEAM

STROKE PATIENT FAST ED CHECKLIST



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PATIENT NAME:

DOB:

SOCIAL SECURITY NUMBER:

NAME AND PHONE NUMBER OF RELATIVE:

Time of symptom onset (time last known normal)²

:

Stroke screening¹

	Points		
Facial Droop		Ask the patient to smile or show teeth. Watch for weakness on one side of the face. Tip: Aphasic patients may respond better if you mimic, so try that.	
	0	Normal	Both sides of the face move equally or not at all
	1	Abnormal	One side of the face droops (or is clearly asymmetric)
Arm Weakness		Ask the patient to hold both arms out with palms down and eye closed for 10 seconds. Tip: If the patient can't understand, hold their arm up for them and let go to observe drift.	
	0	Normal	Both arms remain up > 10 seconds or drift down equally
	1	Mild weakness	One arm drifts down in < 10 seconds but has some antigravity strength
	2	Moderate / Severe weakness	One or both arms fall rapidly and has no antigravity strength or no movement at all
Speech		Ask the patient to name three common items. Tip: If speech is slurred but makes sense and naming is correct score as normal.	
	0	Normal	Speech content normal and names 2 - 3 items correctly
	1	Abnormal	Speech content clearly abnormal or names only 1 - 2 items correctly
Receptive aphasia		Ask the patient "Show me two fingers". Tip: Do not show the patient what to do, only verbal command with NO visual cues.	
	0	Normal	Patient shows two fingers
	1	Abnormal	Patients does not understand e.g. does not show two fingers
Gaze deviation		Ask the patient to follow your finger as you move from right to left and back left to right. Tip: Some patient can follow your face better than your finger, so you can try that instead.	
	0	Normal	No deviation, eyes move to both sides equally
	1	Gaze preference	Patient has clear difficulty when looking to one side
	2	Forced deviation	Eyes are deviated to one side and do not move e.g. cannot follow finger
Denial		Ask the patient "Are you weak anywhere?" and check if the patient recognises his/her weakness.	
	0	Normal	Patient is weak and recognises it
	1	Abnormal	Patient is weak and does NOT recognise it
Neglect		Show the patient the weak arm and ask "Whose arm is this?" and check if the patient recognises his/her weak arm as his/her own.	
	0	Normal	Patient recognises his/her weak arm
	1	Abnormal	Patient does NOT recognise his/her weak arm
Total score			

Score 1 – 3
Score > 3
Score > 3

Suspected stroke! - Immediate transport to **closest stroke ready hospital**
Immediate transport to **Comprehensive stroke centre**. (Likelihood of large vessel occlusion suitable for mechanical thrombectomy is > 60%)
If closest Comprehensive Stroke Unit is more than 30 minutes away - 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)

Airways, Breathing, Circulation (ABCs)³

- ☐ Elevate upper body
- ☐ Establish iv. access (preferably 2 large bore cannulas with saline lock) and start 0.9% saline solution infusion²
- ☐ Measure capillary oxygen saturation, and give O₂ 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.

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

☐ Improving

☐ Worsening

☐ Unstable

EMS staff member, name

Staff number

Signature

Date

Time

References:

1. Stroke.2016 Aug;47(8):1997-2002. 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.

