

EMERGENCY RESPONSE TEAM

STROKE PATIENT FAST CHECKLIST



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 screening¹

	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 infusion²
- ☐ Measure capillary oxygen saturation, and give O₂ if saturation fails below 95% (caution in COPD patients)^{2, 3}

Blood sugar testmg/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 pressuremmHg

☐ 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.

