American Stroke Association.
A division of the American Heart Association.

EMS Stroke Alert

Patient Name: _____ Date of Birth: ___/___/___

	PATIENT/FAMILY EMERGENCY CONTACT	PERSON WHO DISCOVERED SIGNS/SYMPTOMS
Name:		
Phone Number:		

STROKE SIGNS & SYMPTOMS (CIRCLE ANY THAT APPLY)	
Slurred speech [yes / some / no]	Ataxia [body] [right / left] [arm / leg / both]
Aphasia [mute / garbled / confused]	Vision impairment [one eye / both eyes] [right / left]
Weakness [right / left] [arm / leg / both]	Other:
Facial droop [right / left]	

DATE & TIME	
Last Known Well Time:	AM / PM
Symptom Discovery Time:	AM / PM

PATIENT HISTORY			
Recent surgery or bleeding episodes	NO	YES	Details:
Previous brain hemorrhage	NO	YES	Details:
Brain cancer	NO	YES	Details:
Recent head trauma	NO	YES	Details:
Previous stroke (if so when)	NO	YES	Details:
Blood thinning medications	NO	YES	[e.g., (warfarin (Coumadin), apixaban (Eliquis), rivaroxaban (Xarelto), dabigatran (Pradaxa)]

ASSESSMENT	
Glucose:	Cardiac Rhythm: [Sinus / Atrial Fibrillation / Other]
Blood Pressure:	Stroke Severity Screen findings (C-STAT, FAST-ED, LAMS, RACE, etc.):

ADVANCE NOTIFICATION SCRIPT:

- This is Ambulance XX calling with a CODE STROKE
- Patient is a YY year old with [stroke signs & symptoms]
- Symptoms started [give last known well time] and discovered [give symptom discovery time]
- Pertinent medical history includes: [any "Yes" answers from "Patient History" above]
- Our assessment showed:
  - [BP], [glucose], [rhythm on monitor]
  - Stroke Screen was: [list any abnormalities on stroke screen (e.g., CPSS, FAST, LAPSS)]
  - Stroke Severity screen was: [list any abnormalities on stroke severity screen (e.g., C-STAT, FAST-ED, LAMS, RACE)]
  - [If any interventions provided en route, include those (e.g, supplemental O2, etc)]
- Our ETA is ZZ minutes