

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 epis	odes 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 						