EMS

STROKE PATIENT CHECKLIST

PATIENT NAME:

Initial assessment form

Time of symptom onset/last seen normal	Date	Time :
Time emergency service was called	Date	Time :
Time of initial screening of patient	Date	Time :

Stroke screening[1,2]

Time of FAST assessment done — Date | Time :

	Normal	Abnormal
☐ Face droop	Both sides of face move equally	Unequal movement of the face
☐ 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

☐ Symptom onset[3] < 4,5 hours ago ☐ Symptom onset[3] > 4,5 hours ago ☐ Time of onset unknown[3]

☐ Immediate transport to closest stroke centre

Pre-notify hospital en route

☐ Alert hospital[3]

☐ Request urgent access to imaging on arrival (CT or MRI)[2,3]

☐ Make aware of potential stroke needing thrombolytic therapy[3]

Time of hospital pre-notification call — Date | Time :

Airways, Breathing, Circulation (ABCs)

☐ Establish IV access and start 0,9 % normal saline infusion[2,3]

☐ Elevate upper body[3,4] (incline head to 30°)

☐ Measure SpO_2, and give O_2 if necessary[2,3] (If SpO is < 94%)

Blood sugar test _____ mmol/L

☐ Hypoglycaemia: < 3.5 mmol/L ⟶ IV dextrose bolus or infusion of 10 - 20 % glucose [2,4]

☐ Hyperglycaemia: > 22,2 mmol/L ⟶ use IV saline and avoid glucose solutions[2,4]

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Blood pressure _____ mmHg

- ☐ Hypotension: SBP ≤ 120 mmHg (no signs of congestive heart failure): 500 ml saline solution[3]
- ☐ Hypertension: SBP < 220 mmHg and DBP ≤ 120 mmHg: no action[3]
- ☐ Hypertension: SBP > 220 mmHg; DBP > 120 mmHg: Consider IV labetalol under close medical supervision.[4] (avoid rapid drop in BP)

Current and recent medical history[3] Current medication (please list)

Yes	No		Medications listed
☐	☐	Coagulation disorders *List all anticoagulants, platelet aggregation inhibitors etc*	
☐	☐	Diabetes	
☐	☐	Heart failure	
☐	☐	Hypertension	
☐	☐	Malignancy	
☐	☐	Respiratory disease	
☐	☐	Recent invasive or surgical procedures	
☐	☐	Liver disease	

Level of function and independence prior to onset of symptoms

- ☐ Bed bound
- ☐ Mobile with assistance
- ☐ Mobile without assistance

Continued care of patient en route[3]

- ☐ Transport lying down
- ☐ Head raised 30° if not vomiting

EMS Staff Member, Name | Signature | Date

Time

References: 1. Kothari R, Hall K, Brott T et al. Early stroke recognition: Developing an out-of-hospital NIH stroke scale. Academic emergency medicine 1997;(4):986-990. 2. Bryer A, Connor MD, Haug P et al. South African guideline for management of ischaemic stroke and transient ischaemic attack 2010: A guideline from the South African Stroke Society (SASS) and the SASS writing committee. South African Medical Journal 2010; 100(11):750.778. 3. Jauch EC, Saver JL, Adams HP et al. Guidelines for the early management of patients with acute ischemic stroke: Executive Summary. Stroke 2013;44:870–947. 4. The European Stroke Organisation (ESO) Executive Committee and the ESO Writing Committee. Guidelines for management of ischaemic stroke and transient ischaemic attack 2008. Cerebrovascular Disease 2008;25:457–507/update 2009. Ingelheim Pharmaceuticals (Pty) Ltd, 407 Pine Ave, Randburg. Tel: +27 (011) 348-2400. Cpy. Reg. No. 1966/008618/07. BI Ref. No. SC-ZA-00416. Expiry date: Feb 2023