

Date:	Time:	Time Alert Called:	
First Response Unit #:		Agency:	
Rescue Unit #:	Agency:	Incident #:	
Patient's Name:		Age:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Event Witness Name:		Contact Phone Number:	
Next of Kin:		Contact Phone Number:	

**SYMPTOMS**

Headache  Nausea/Vomiting  Neck Pain/Stiffness  Speech Difficulties  Weakness/Numbness  Visual Disturbances

**HISTORY**

TIME - last known normal  
 18 years or greater  
 Stroke symptoms:  facial droop;  motor weakness;  speech - slurred words/not expressed clearly  
 Symptoms suggesting subarachnoid hemorrhage - worst headache of life with elevated BP  
 Elevated blood pressure SBP> 185 or DBP> 110  
 Recent intracranial or intraspinal surgery  
 Active bleeding  
 Significant head trauma - 3 months  
 Prior stroke - 3 months  
 History of brain tumor - AV malformation or aneurysm  
 Anticoagulation medications: [Warfarin (coumadin) oral; Pradaxa (dabigatran) oral; Xarelto (rivaroxaban) oral; Eliquis (abixaban) oral; Lixiana, Savaysa (edoxaban) oral; Arixtra (fondaparinux) SQ; Heparin (unfractionated heparin) SQ; Lovenox (enoxaparin) SQ; Fragmin (dalteparin) SQ]

**EVALUATION**

VITAL SIGNS							
P:	RR:	BP:	2nd BP:	SpO2	%	Glucose	mg/dl
<b>UNCONSCIOUS PATIENTS</b>							
1. Provide a central painful stimulus (sternal rub or pinch trapezius) to evaluate symmetry of motor response;							
2. Pinch medial aspect of each extremity to evaluate symmetry of motor response.							
<b>CINCINNATI STROKES SCALE (FAST) - (CHECK IF ABNORMAL)</b>							
<input type="checkbox"/> <b>F (face)</b>	<b>FACIAL DROOP:</b> Have patient smile or show teeth. (Look for asymmetry) <b>Normal:</b> Both Sides of the face move equally or not at all <b>Abnormal:</b> One side of the patient's face droops						
<input type="checkbox"/> <b>A (arm)</b>	<b>MOTOR WEAKNESS:</b> Arm Drift (Close eyes, extend arms, palms up) <b>Normal:</b> Remain extended equally, or drifts equally or does not move at all <b>Abnormal:</b> One arm drifts down when compared with the other						
<input type="checkbox"/> <b>S (speech)</b>	<b>"You can't teach an old dog new tricks"</b> (Repeat phrase) <b>Normal:</b> Phrase is repeated clearly and correctly <b>Abnormal:</b> Words are slurred (dysarthria) or not expressed clearly						
<input type="checkbox"/> <b>T (TIME LAST KNOWN NORMAL)</b>	<b>TIME ELAPSED</b> _____						

**DESTINATION**

Onset of symptoms less than 3 hours - transport to nearest primary stroke center.  
 Onset of symptoms greater than 3 hours and less than 6 hours - transport to **Stroke Center with Interventional Capabilities.**

<b>HOSPITAL DESTINATION:</b>	<b>Arrival Time:</b>
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**TREATMENT**

Medication Therapy (i.e. hypertension, arrhythmia)  
 IV (2 sites preferred)  Other

WHITE - Hospital; YELLOW - Transport Agency; PINK - First Response Agency