

**REGION 2 EMS STROKE ASSESSMENT TOOL
FAST EXAM Positive**

PATIENT NAME: _____

TIME LAST KNOWN WITHOUT SYMPTOMS: _____

- Stroke symptoms identified and recorded
- Onset time or last known well time obtained and recorded
- Antithrombotic medications listed _____
- BP done and recorded _____
- Accucheck done and recorded _____
- IV Gauge (18 gauge IV x2 in antecubital recommended)
- stated or actual weight obtained and recorded

Call in STROKE alert if symptoms are less than 6 hours or unknown at the time of evaluation.

THE CHECKLIST BELOW INDICATES STROKES THAT ARE MORE LIKELY CAUSED BY LARGE VESSEL OCCLUSION

Sudden Onset of:

Any one of the following symptoms

- D's = Drowsy, Dizzy, Double Vision, Dysarthria
- Aphasia = difficulty finding the right words, word salad, or mute (not just slurred speech alone)
- Gaze palsy = eyes deviated to one side or unable to cross midline
- Neglect = not able to pay attention to one side
- PLUS, any one of the following symptoms
 - Weakness of the face, arm, or leg
 - Loss of sensation of the face, arm, or leg
 - Loss of vision in one or both eyes