



Hood River County Fire & EMS

Hood River • Parkdale • West Side • Wy'East • Cascade Locks

STROKE ALERT Checklist

Patient Name: _____ Date: ____/____/____
 DOB: ____/____/____ Age: _____ Sex: Male Female Weight: _____ lb./kg.
 Time of Onset: ____:____ Event Witnessed By: _____

CINCINNATI STROKE SCALE (FAST):

(check if abnormal)

- F – (face) FACIAL DROOP:** Have patient smile or show teeth. (Look for asymmetry.)
 Normal: Both sides of the face move equally or not at all.
 Abnormal: One side of the patients face droops.
- A – (arm) MOTOR WEAKNESS:** Arm drift (close eyes, extend arms, palms up).
 Normal: Remain extended equally, or drifts equally or does not move at all.
 Abnormal: One arm drifts down when compared with the other.
- S – (speech) “You can’t teach an old dog new tricks”** (repeat phrase).
 Normal: Phrase is repeated clearly and correctly.
 Abnormal: Words are slurred (dysarthria) or abnormal (aphasia) or none.
- T – TIME of SYMPTOM ONSET:** _____ !

DESTINATION

Onset <3 hours – Transport to facility capable of IV thrombolytics within 4.5 hour window.

Onset >3 hours – Consider transport to facility capable of intra-cerebral thrombolytics, consult OLMC.

PERTINENT HISTORY/SYMPTOMS:

- Cardiac Arrhythmias Weakness/Numbness Dizziness Headache* Nausea/Vomiting*
- Visual Disturbances Head Trauma at Onset** Seizure at onset** On Coumadin (Warfarin)**
- Recent of current bleeding, trauma, surgery, or invasive procedure** Bleeding Disorder**
- Pregnancy** Neck pain* Other _____

*For suspected aneurysms **Lytics may be potentially contraindicated. Contact OLMC to consider aeromedical transport to neurosurgical facility.

EVALUATION:

HR: _____ BP: Rt: ____/____ Lt: ____/____ RR: _____ SpO₂: _____% Glucose: _____ mg/dl

EMT Treatment:

- Contact PHRMH ER with information about potential Stroke patient.
- Obtain blood glucose level. Time: ____:____
- Attach cardiac monitor.
- Insert 1 IV lines (18 ga. or larger) size: _____ location: _____ Time: ____:____
- Obtain venous blood draw tubes. Time: ____:____
- Administer Oxygen – titrate to SpO₂ ≥94% Time: ____:____
 O₂ Amount: ____ LPM via NRB Nasal BVM
- Transport patient in supine position with less than 15 degree of head elevation (unless hypotensive).
- Other treatment: _____ Time: ____:____

EMT Signature: _____ Printed Name: _____

Date: ____/____/____ Time: ____:____ EMT Level: _____