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
  o D’s = Drowsy, Dizzy, Double Vision, Dysarthria
  o Aphasia = difficulty finding the right words, word salad, or mute (not just slurred speech alone)
  o Gaze palsy = eyes deviated to one side or unable to cross midline
  o Neglect = not able to pay attention to one side

  • PLUS, any one of the following symptoms
    o Weakness of the face, arm, or leg
    o Loss of sensation of the face, arm, or leg
    o Loss of vision in one or both eyes

This is intended to be a permanent part of the patient chart for ongoing evaluation of stroke symptoms by a neurologist. Please DO NOT throw away.