

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

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.