

FLORIDA BUREAU OF EMS STROKE ALERT CHECKLIST

DATE & TIMES				
Date:	Dispatch Time:	EMS Arrival Time:	EMS Departure Time:	ED Arrival Time:
BASIC DATA				
Patient Name		Age		Gender
Witness Name		Witness Phone		
Last Time Without Symptoms				
Blood Glucose (if possible)				
HISTORY			YES	NO
Severe Headache				
Head Trauma at Onset				
EXAMINATION			✓ IF ABNORMAL	
Subarachnoid Hemorrhage?	Level of Consciousness (AVPU)			
	Neck Stiffness (cannot touch chin to chest)			
Prehospital Stroke Scale	Speech (repeat "You can't teach an old dog new tricks")			
	Facial Droop (show teeth or smile)			
	Arm Drift (close eyes and hold out both arms)			
STROKE ALERT CRITERIA			YES	NO
Time of onset < 5 hours?				
Any abnormal finding on examination?				
Deficit <u>not</u> likely due to head trauma?				
Blood glucose > 50? (if fingerstick possible)				
<p style="font-size: 1.2em; font-weight: bold; margin: 0;">IF ANSWER IS YES TO ALL STROKE ALERT CRITERIA, CALL STROKE ALERT & TRANSPORT PATIENT URGENTLY TO NEAREST APPROPRIATE HOSPITAL</p> <p style="margin: 0;">EN ROUTE, PERFORM MORE COMPLETE NEURO ASSESSMENT IF TIME ALLOWS</p>				
DESTINATION HOSPITAL			HOSPITAL CONTACT	