MIDDLESEX HOSPITAL

Prehospital Stroke Screen and Alert Guidelines

Date:_____ Time:_____ MH ED account #_____

Patient name:_____ MR#_____

Information gathered from:_____ Relation to pt:_____

(Retain witness for questioning by ED Staff)

Step 1; Initial field examination:

A. Language-Repeat "Today is a sunny day"

☐ Appropriate ☐ Not Appropriate

B. Facial Strength-Show teeth

☐ Normal, symmetric ☐ Weak LEFT ☐ Weak RIGHT

C. Arm Strength-Raise arm for 10 sec

☐ Normal, no drift ☐ Drift or weak LEFT ☐ Drift or weak RIGHT

Step 2; If patient has abnormal finding to any of the above, ascertain the following;

A. Time: (date if applicable) pt last seen normal_____

Duration of symptom (s)_____min

Symptoms longer than 180 minutes?	Y	N

B. Questions in field:

Any report of seizure(s)?	Y	N
Any Head Trauma?	Y	N
Loss of consciousness?	Y	N
Recent Surgery or GI Bleed (in past 2-3 weeks?)	Y	N
History of cerebral hemorrhage?	Y	N

C. If ALS Unit: Glucose: _____Time: _____

Glucose less than 50, or greater than 400	Y	N

Step 3; IF ALL ABOVE QUESTIONS "NO", contact the medical control physician at a Middlesex ED (Middletown or Shoreline, not Marlborough) and **request "*STROKE TEAM PHASE I ACTIVATION*"**. Follow directions from the ED physician.

Time Stroke Team Activation requested: ____:____ ED physician's name: _____

Your name: _____ Service affiliation: _____

CC2404 (1-10)

Please Scan into Medical Record