



# McLean County Area EMS System

112 A Southgate Drive  
Bloomington, IL 61704

Phone: (309) 827-4348  
Fax: (309) 827-2017

## F.A.S.T. Stroke Screen

<b>Patient Name:</b>	<b>Age:</b>	<b>Date of Birth:</b>
----------------------	-------------	-----------------------

### Information Obtained From:

- Patient
- Family: \_\_\_\_\_
- Other: \_\_\_\_\_

### Pertinent History/Symptoms:

- Fall/Head Trauma @ onset     Seizure @ onset
- Headache, Nausea/Vomiting, Neck Pain
- Patient taking Blood Thinner (i.e. Coumadin)

### Screening Criteria:

(✓ 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 patient's 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 onset)** ✓ Check if Time of onset is *less than* 6 hours

*Last seen normal:* \_\_\_\_\_ **Time:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Evaluation:** SpO2: \_\_\_\_\_ % AA

**Glucose:** \_\_\_\_\_ mg/dl

If any ONE of the top three boxes (**F**, **A**, or **S**) are checked AND Time of onset (**T**) duration is less than 6 hours, then **STROKE CODE** criteria are met.

**Notify Receiving Facility and Transport IMMEDIATELY**

Time Stroke Code Called:		Time of arrival @ hospital:	
EMS Unit:	Incident#:	Date:	Destination: