



# McLean County Area EMS System

1609 Northbrook Dr. Ste. 8  
Normal, IL 61761

Phone: (309) 827-4348  
Fax: (309) 808-4235

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

<b>Patient Name:</b>	<b>Age:</b>	<b>Date of Birth:</b>
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### 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 boxes (F, A, S) are checked, then the STROKE SCREEN is POSITIVE.  
Notify Receiving Facility and Transport IMMEDIATELY. Include TIME of ONSET in report**

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