### IN-PATIENT EVALUATION POSSIBLE ACUTE STROKE

Saskatchewan Acute Stroke Pathway Protocols

#### Site:

#### PATIENT INFORMATION

<table>
<thead>
<tr>
<th>Last seen normal</th>
<th>Date</th>
<th>Past medical history</th>
<th>Sending unit contact number</th>
</tr>
</thead>
</table>
| __ __ : __ __    | _______ | □ Diabetic  
|                  |       | □ Recent Trauma  
|                  |       | □ Bleeding  
|                  |       | □ Anticoagulant  
|                  |       | □ Antiplatelet  
|                  |       | □ Patient  
|                  |       | □ Family member  
|                  |       | □ Other ________________  
|                  |       | □ RA  
|                  |       | □ SpO2@___ L/min  
|                  |       | □ No  
|                  |       | □ Yes  
|                  |       | □ No  
|                  |       | □ Left droop  
|                  |       | □ Left weak  
|                  |       | □ Right droop  
|                  |       | □ Right weak  
|                  |       | □ Slurred  
|                  |       | □ Right gaze  
|                  |       | □ Naming difficulties  
|                  |       | □ Ignoring left body  
|                  |       | □ Left gaze  
|                  |       | □ Right gaze  
|                  |       | □ Naming difficulties  
|                  |       | □ Ignoring left body  

#### PHYSICAL EXAMINATION

<table>
<thead>
<tr>
<th>Time of initial assessment</th>
<th>BP</th>
<th>RR</th>
<th>Sat%</th>
<th>Airway Clear?</th>
<th>Pupils:</th>
</tr>
</thead>
</table>
| __ __ : __ __             |    |    |      |              | (L) _____  
|                           |    |    |      |              | (R) _______  

Perform stroke screens on all patients.

**FAST screen**  
ONE OR MORE SYMPTOMS = FAST POSITIVE

<table>
<thead>
<tr>
<th>FACE</th>
<th>ARM</th>
<th>SPEECH</th>
<th>TIME</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Left droop</td>
<td>□ Right weak</td>
<td>□ Slurred</td>
<td>Last seen normal (LSN):</td>
<td>+</td>
</tr>
<tr>
<td>□ Right droop</td>
<td>□ Left weak</td>
<td></td>
<td></td>
<td>-</td>
</tr>
</tbody>
</table>

**VAN screen**  
ONE OR MORE SYMPTOMS = VAN POSITIVE

<table>
<thead>
<tr>
<th>VISION</th>
<th>APHASIA</th>
<th>NEGLECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Right gaze</td>
<td>□ Naming difficulties</td>
<td>□ Ignoring left body</td>
</tr>
<tr>
<td>□ Left gaze</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Vision** = Patient looks preferentially to one side  
**Aphasia** = Patient looks at objects but cannot name them  
**Neglect** = Patient can only identify that the right side was touched, when both sides were touched at the same time. To test for neglect touch right arm, then left arm, then both arms together, asking for a response after each stimulus.

**Consider brain stem stroke: sudden onset coma/impaired LOC with no other cause**

If FAST positive and LSN within 12 hours – call STROKE ALERT  
If FAST & VAN positive and LSN within 24 hours – call FAST VAN stroke alert

- Notify MRP or consulting physician of STROKE ALERT.  
- Call ambulance service for transport.  
- Notify EMS “This is a STROKE ALERT” or “This is a FAST VAN positive stroke alert.”

** If physician has not responded within 30 minutes, initiate emergency transport of stroke patient.**
Order set:
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** INTERVENTIONS **

** Do not delay transport to implement interventions. **

Attach most recent lab reports or order testing as per consultant request:

☐ CBC, NA, K, CL, Creatinine, BUN, Bicarb, Glucose
☐ PTT/INR  ☐ Trop, CK  ☐ ALT, AST, ALP
☐ 12 Lead ECG  ☐ B-HCG  ☐ Bicarb
☐ Other ____________

Saline locks x2 above the wrist – large gauge

☐ Site ________________________________
☐ Site ________________________________

Forms included:

☐ MAR  ☐ PIP  ☐ Allergy Record  ☐ Health Care Directives  ☐ Other (please specify):

PROVIDER NOTES

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Signature:____________________  Name:____________________  Date:___________