

EMS STROKE SCREEN

Saskatchewan Acute Stroke Pathway

DATE: _____
 TIME: _____

Patient information:

Name: _____

Age: _____ M / F

DOB: DD/MM/YY

PHN: _____

Time last seen normal: _____ : _____

Last seen by:

Name: _____

Phone: _____

Relation to patient: _____

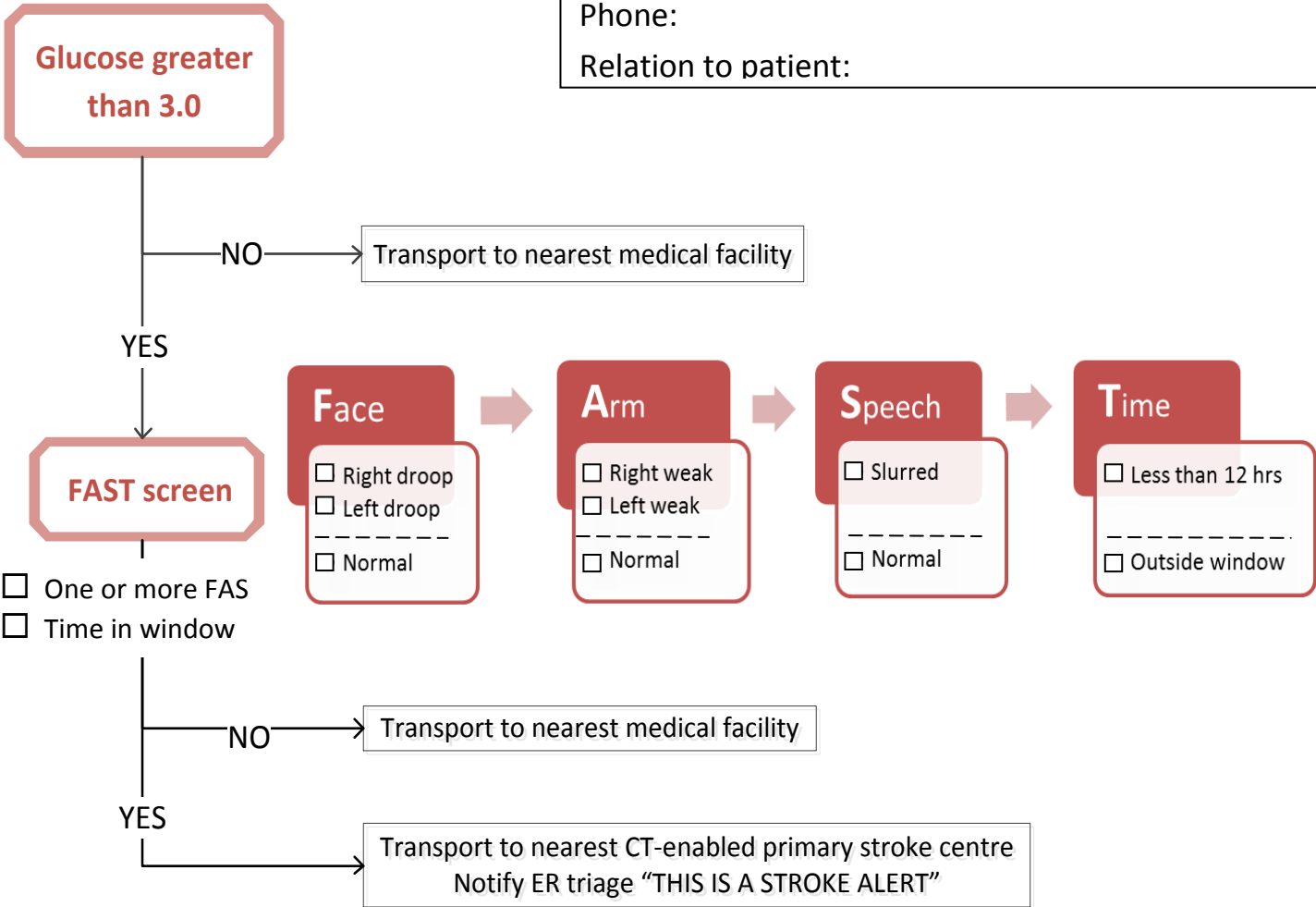
Screening Process

History provided by:

Name: _____

Phone: _____

Relation to patient: _____



For STROKE ALERT, be prepared to give FAST findings
***** Brainstem stroke should be considered with decreased LOC for no other reason and impaired eye movements/diplopia*****

Vital Signs					
BP	HR	RR	O2 sat	Temp	BG