

STROKE SCENARIO

Tracking Form: Checklist and Feedback Form



American Stroke Association
A division of the American Heart Association.

Together to End Stroke®

Pre-Hospital Checklist and Feedback

Time	Goal	Intervention	Q-Tip Pearls of Practice	Comments
		Mock stroke begins		Mock patient exhibits stroke symptoms
		Bystander responds to emergency		Was FAST utilized or stroke suspected?
		911 called		
		EMS unit dispatched		
		First responder on site		
		EMS onsite patient evaluated per standard protocol		
		Pt history, LKW and medications, obtain witness and/or family mobile number		

Key: **EVT** Endovascular Treatment — **LKW** Last Known Well — **FSBS** Finger Stick Blood Sugar/Glucose Check — **CT** Computed Tomography — **LVO** Large Vessel Occlusion

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		Stroke screen completed		Mock patient exhibits stroke symptoms
		Rule out mimics: FSBS, etc.		Was FAST utilized or stroke suspected?
		Stroke severity screen completed		
		Transport to stroke center		Was closest stroke center bypassed? If so, document additional transport time.
		IV started		
		Pre-notify stroke center of stroke and provide brief report		
		Arrival to stroke center		

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		Quick registration		
		Rapid evaluation on EMS stretcher by ED physician, activate stroke alert and EMS handoff		
		EMS goes direct to CT, if stable		
		Stroke team arrival/evaluation, NIHSS, etc.		
		CT initiated (if NIHSS>6, CTA if rapidly available and able to be read)		

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		Labs, EKG, medication/Pt history		
		CT read, glucose resulted, INR if applicable		
		Alteplase eligibility decided		
		Alteplase eligible – patient weight assessed		
		Alteplase ordered		
		Alteplase infused		

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		Monitor per Alteplase protocol		
		EVT eligible?		
		If EVT eligible, skip to EVT checklist		
		Alteplase NOT eligible		
		EVT eligible		
		If not EVT eligible continue care per facility protocol and/or physical order		

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		If EVT eligible		
		Perform additional LVO screen to identify if possible LVO		
		NIHSS > 6		
		Review prior CTA or obtain CTA if capable at hospital		
		If candidate, transport rapidly to endovascular suite		
		If hospital unable to perform endovascular intervention begin transport to center capable of doing endovascular intervention		
		Handoff report to transporting EMS endovascular team, or ICU		

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