

Thrombolytic Checklist (Stroke)

Complete this checklist when treating any patient with an acute stroke

EVENT INFORMATION					
Date:		ATCC Number:		Time:	
Destination:		Historian Cell Phone #:			
Patient Name:				Patient DOB:	

EMSA ASSESSMENT
<p>1. Eyes: <i>Horizontal Gaze</i></p> <ul style="list-style-type: none"> • Ask patient to keep their head still and follow your finger left to right with their eyes. In aphasic patients, call the patient's name on one side and then the other. • Abnormal – Patient is unable to follow as well in one direction compared to the other. <p>2. Motor: <i>Facial Weakness</i></p> <ul style="list-style-type: none"> • Ask patient to show their teeth or smile. In aphasic patients, look for asymmetric grimace to pain. • Abnormal – One side of the face does not move as well as the other. <p style="padding-left: 20px;"><i>Arm Weakness</i></p> <ul style="list-style-type: none"> • Ask patient to hold out both arms, palms up, for 10 seconds with eyes closed. In aphasic patients, hold the patients arms up and let go. • Abnormal – One arm does not move, or drifts down compared to the other. <p style="padding-left: 20px;"><i>Leg Weakness</i></p> <ul style="list-style-type: none"> • Ask patient to lift one leg and then the other for 5 seconds. In aphasic patients, hold up one leg and let go, then repeat on the other side. • Abnormal – One leg does not move, or drifts down compared to the other. <p>3. Slurred Speech or Aphasia:</p> <p style="padding-left: 20px;"><i>Naming</i></p> <ul style="list-style-type: none"> • Ask patient to name your watch and pen. • Abnormal – Patient slurs words, says the wrong words, or is unable to speak. <p style="padding-left: 20px;"><i>Repetition</i></p> <ul style="list-style-type: none"> • Ask patient to repeat "They heard him speak on the radio last night" after you. • Abnormal – Patient slurs words, says the wrong words, or is unable to speak. <p style="margin-top: 20px;">_____ : Time last known well _____ < 4.5hrs _____ < 6 hrs. _____ < 24 hrs. _____ > 24 hrs.</p> <p>Level of consciousness: Alert _____ Responds to Voice _____ Responds to Pain _____ Unresponsive _____</p> <p>GLUCOMETER READING: _____ mg/dL Was bolus given? Yes _____ No _____ Unknown _____</p>

QUESTIONS	YES	NO
History of stroke, brain tumor, aneurysm, arteriovenous malformations		
Patient Pregnant		
Past or Present Bleeding disorders		
Surgery in last 2 weeks		
Anticoagulant medications taken Last Taken:		
Intracranial or intraspinal surgery or trauma in the last 2 months		
Gastrointestinal or genitourinary bleeding within last 7 days		

Leave a copy with the patient

Received by: _____ Date: _____