Thrombolytic Checklist (Stroke)

Leave a copy with the patient.

Complete this checklist when treating any patient with an acute stroke

**EVENT INFORMATION**

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<tr>
<th>Date:</th>
<th>ATCC Number:</th>
<th>Time:</th>
<th>AM PM</th>
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<tr>
<th>Destination:</th>
<th>Historian Cell Phone #:</th>
<th>Patient Name:</th>
<th>Patient DOB:</th>
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**F-A-S-T ASSESSMENT**

**Face:** Assess facial droop: have pt show teeth or smile
- Normal: both sides of face move equally.
- Abnormal: one side of face does not move as well as the other.

**Arm:** Assess arm drift: have pt close eyes and hold both arms straight out (palms up) for 10 seconds.
- Normal: both arms move the same or both arms do not move at all.
- Abnormal: one arm does not move or one arm drifts down compared to the other.

**Speech:** Assess speech: have the pt say: “You can’t teach an old dog new tricks.”
- Normal: pt uses correct words with no slurring.
- Abnormal: pt slurs words, uses the wrong words, or is unable to speak.

**Time:** Estimated time symptoms began (Last time seen normal)

- Exact time __4.5 hours or less ___4.5-6 hours ___>6 hours ___Unknown

Level of consciousness:
- Alert______ Responds to Voice______ Responds to Pain______ Unresponsive______

**GLUCOMETER READING:** _______ mg/dL  Was bolus given? Yes____ No____ Unknown____

**QUESTIONS**

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<th>YES</th>
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- History of: stroke, brain tumor, aneurysm, arteriovenous malformations
- Patient Pregnant
- Past or Present Bleeding disorders
- Surgery in last two 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: ___________________________