

Thrombolytic Checklist (Stroke)**8.05**

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:	

F-A-S-T ASSESSMENT	
<p>Face: Assess facial droop: have pt show teeth or smile</p> <ul style="list-style-type: none"> • Normal: both sides of face move equally. • Abnormal: one side of face does not move as well as the other. <p>Arm: Assess arm drift: have pt close eyes and hold both arms straight out (palms up) for 10 seconds.</p> <ul style="list-style-type: none"> • 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. <p>Speech: Assess speech: have the pt say: "You can't teach an old dog new tricks."</p> <ul style="list-style-type: none"> • Normal: pt uses correct words with no slurring. • Abnormal: pt slurs words, uses the wrong words, or is unable to speak. <p>Time: Estimated time symptoms began (Last time seen normal)</p> <p>_____ Exact time ___4.5 hours or less ___4.5-6 hours ___>6 hours ___Unknown</p> <p>Level of consciousness: Alert_____ Responds to Voice_____ Responds to Pain_____ Unresponsive_____</p> <p>GLUCOMETER READING: _____ mg/dL</p>	

QUESTIONS	YES	NO
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		