**Pre-Hospital Stroke Checklist for EMS Direct-to-CT Activation for Suspected Stroke Patients**

Patient Name:

DOB: Estimated weight:

* Persistent symptoms of **sudden-onset** neurological dysfunction
* Time **Last Known Well (LKW)\*** is **within** **24 hours** by the estimated time of arrival to hospital
* Positive **Prehospital Cincinnati Prehospital Stroke Scale** (any abnormal findings)
* Patient is **hemodynamically stable** with no need for emergent resuscitation
* **Blood glucose** is greater than 60 mg/dL or corrected to great than 60 mg/dL with persistent neurological symptoms

If **all** checked, activate the Direct-to-CT^ pathway and state

“**EMS Code Stroke, Direct-to-CT**” with ETA.

To expedite patient care on arrival:

* **FAST-ED Score** and **3 lytic questions** should be documented and communicate to the ED provider
* Obtain **IV access** with greater than 20 gauge*. If possible*, place 2 large-bore antecubital IVs with luer lock preferred (for rapid contrast injection during brain vessel imaging)
* **Obtain phone number of contact** to call for further questions and medical decision making if necessary
* *If possible*, remove heavy clothing and jewelry from the patient during transport

**\*Time LKW** is when the patient was last seen without their new neurological deficits. This should not be confused with the time the patient was found with deficits.

^It may be preferable to call ON THE PHONE rather than radio as you may be asked to provide patient information to assist in pre-registration to expedite their care upon arrival to the Emergency Dept.

**Decision Support Tools**

**Cincinnati Prehospital Stroke Scale**

**EMS to ED Transfer of Care**

**Suggested Minimum Report**

* Age/Gender
* Last Known Well
* Symptoms at onset
* Current Symptoms
* BP trends and finger stick glucose
* POSSIBLE contraindications for thrombolytics
1. ANY history of bleeding problems
2. Taking ANY anticoagulants (oral or injectable)
3. Trauma/surgery within 3 months

**FAST-ED Screening Tool**

**List of Anticoagulants**

* Rivaroxaban (Xarelto)
* Dabigatran (Pradaxa)
* Apixaban (Eliquis)
* Edoxaban (Savaysa)
* Warfarin (Coumadin, Jantoven)
* Enoxaparin (Lovenox)

\*Please note that platelet inhibitors, such as aspirin, clopidogrel (Plavix), ticagrelor (Brilinta), and prasugrel (Effient) are **NOT** considered anticoagulants.

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