

STROKE SCREENING TOOLS:

BE-FAST (Stroke screening tool)

START HERE	↓	Is the patient having a stroke?	✓ Check if yes
Balance - Perform bilateral index finger-to-nose test and bilateral heel-to-shin test - Does the patient have sudden loss of balance or coordination, trouble walking or dizziness?			B
Eyes - Assess 4 quadrants of visual field by having patient locate your index finger. - Does the patient have trouble seeing out of one or both eyes or sudden double vision?			E
Face - Ask the patient to smile or show their teeth. - Does the patient's face look uneven, have sudden drooping or numbness on one side?			F
Arms - Ask the patient to raise and extend both arms with their palms up. - Does one arm drift downward? - Does the patient have sudden numbness or weakness of the arm on one side of the body?			A
Speech Ask the patient to say, "You can't teach an old dog new tricks". Does the patient have slurred speech, trouble speaking, understanding or seem confused?			S
Time - What time did the symptoms start? ____:____ - What time was the patient last known well (last appear normal)? ____:____			T
Glucose level = _____ (Treat BG <60)			

If the patient received one or more check marks (✓), the patient qualifies for a stroke alert.

BEFORE you request a stroke alert, obtain a FAST-ED score to see if the patient is having symptoms indicative of a large-vessel occlusion.

Ask if the patient is on any anticoagulant medications, such as:

- Coumadin/Warfarin - Pradaxa/Dabigatran - Eliquis/Apixaban - Any other anticoagulants? (please list):	- Xarelto/Rivaroxaban - Savaysa/Edoxaban - Heparin/Enoxaparin	Time anticoagulant last taken: ____:____
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Remember:

- Minimize scene time.
- Sudden severe headache with no known cause may be a sign of a hemorrhagic stroke.

FAST-ED (Stroke severity tool)

ANY POSITIVE BE-FAST FINDINGS?		↓	Score (Circle)
F	Facial Palsy (ask the patient to show their teeth or smile) - Both sides of the face move equally or not at all - One side of the face droops or is clearly asymmetric		Score: 0 1
A	Arm Weakness (with eyes closed, ask patient to hold arms out with their palms up and hold them there for 10 seconds) - Both arms remain up for 10 seconds or slowly move down equally - Patient can raise arms but one arm drifts down in < 10 seconds - One or both arms fall rapidly, can't be lifted, or no movement occurs at all		Score: 0 1 2
S	Speech Changes <i>Expressive Aphasia</i> - ask the patient to name 3 common items - Names 2 to 3 items correctly - Names 0 to 1 item correctly <i>Receptive Aphasia</i> - ask the patient to perform a simple command (Example: "show me two fingers") Do NOT demonstrate command. - Normal - patient can follow the simple command - Unable to follow the simple command		Score: 0 1 0 1
T	Time - Symptom onset time (time symptoms started) _____ → - Last known well time (time last known normal)? _____		____:____ ____:____
E	Eye Deviation - Hold patients chin steady. Have them use only their eyes to follow your finger from side to side. - No deviation; eyes move equally to both sides - Patient has difficulty when looking to one side (left or right) - Eyes are fixed to one side and do not move to the other side		Score: 0 1 2
D	Denial/Neglect <i>Denial</i> - show the patient their affected arm and ask, "Do you feel weakness in this arm?" - Patient recognizes the weakness in their weak arm - Patient does NOT recognize the weakness in their weak arm <i>Neglect</i> - show the patient their affected arm and ask, "Whose arm is this?" - Patient recognizes their weak arm - Patient does NOT recognize their weak arm		Score: 0 1 0 1
TOTAL FAST-ED SCORE →			

When to call a STROKE ALERT:

- If any symptoms from BE-FAST - call a stroke alert and perform stroke severity tool (FAST-ED).
- If FAST-ED score of 1 - 3 - call a stroke alert and transport to the nearest certified stroke center.
- If FAST-ED score ≥ 4 and within 24 hours - call stroke alert and discuss with stroke-ready hospital. Patient should be taken to nearest thrombectomy capable stroke center if located within 30 minutes. If transport is greater than 30 minutes, transport to the nearest certified stroke center.
- If last known well > 24 hours - discuss with receiving facility and transport to the nearest certified stroke center.

Stroke Alert Activation Time: ____:____

IMPORTANT PATIENT DEMOGRAPHICS

Patient Name: _____	Patient DOB: _____
Emergency Contact Name: _____	Emergency Contact Phone: _____
Medical History: _____	
Allergies: _____	
Medications: _____	
Is this patient on blood thinners? ☐ Yes ☐ No	Incident Date: _____ Time: _____