

Thrombolytic Checklist (Stroke)

2018

Complete this checklist when treating any patient with an acute stroke

EVENT INFORMATION			
Date/Time:	Aug 06, 2018 18:28:10	ATCC Number:	
Destination:	SAMC	Historian Cell Phone #:	
Patient Name:		Patient DOB:	Month Day

F-A-S-T ASSESSMENT	
Face: Assess facial droop: have pt show teeth or smile ☐ Normal: Both sides of the face move equally ☐ Abnormal: One side of the 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) choose below Exact Time: ☐ 4.5 hrs or less ☐ 4.5-6 hours ☐ >6 hours ☐ Unknown	
GLUCOMETER READING: mg/dL	Level of consciousness:
18ga IV established?	Was a Normal Saline bolus given?

QUESTIONS	
History of: stroke, brain tumor, aneurysm, arteriovenous malformations	☐ Yes ☐ No ☐ Unk
Patient Pregnant	☐ Yes ☐ No ☐ Unk
Past or Present Bleeding disorders	☐ Yes ☐ No ☐ Unk
Surgery in last two weeks	☐ Yes ☐ No ☐ Unk
Anticoagulant medications taken Last Taken Time/Date:	☐ Yes ☐ No ☐ Unk
Intracranial or intraspinal surgery or trauma in the last 2 months	☐ Yes ☐ No ☐ Unk
Gastrointestinal or genitourinary bleeding within the last 7 days	☐ Yes ☐ No ☐ Unk
Service Name:	Provider Name:
Leave a copy with the patient	