MAITLAND FIRE / RESCUE DEPARTMENT STROKE CHECKLIST

Date: Maitl	land Incident #:	Unit: MRI#:							
Patient Name:		Age:	Sex: M/F						
Witness:	Relationship:_	Phone: ()						
Dispatch: On sco	ene: Transport:_	Arrive:							
<u> </u>									
Chief Complaint									
Hx of current episode:									
Last time Pt seen without sym	nptoms. Date	Military time:	Duration:						
(If the Patient awoke with weakne	ess, use the last time the Pt was awak	e without deficits)							
Initial Vital Signs: Time:	BP (L)/	_ (R)/							
	HR: Rhythm	:12Lead:							
		:EtCO2:B0							
Medical Hx:	1100p 07102		<u> </u>						
Medications:									
Allergies:									
T-PA Exclusions									
Recent Head Trauma			YES / NO						
Recent Surgeries			YES / NO						
Taking Warfarin (Coumadin)			YES / NO						
History of Bleeding problems	(bleeding ulcers, etc)		YES / NO						
Possible brain hemmorrhage	YES / NO								
Evaluation for Intra-arteri	al therapy	* Transport to Florida	a Hospital - Orlando						
	egia, (inability to lift or hold arn		YES / NO						
AND	If the potions is upole to voluntarily and	and to avera perform Dell's ave to	t /Dt :						
Dysconjugate gaze,	If the patient is unable to voluntarily resp supine, turn their head and the eyes do								
	e of eyes to turn together in the same direc	ction or eyes not fixed on the same	point). YES / NO						
AND Last seen normal is less than	4.5-hours ago		YES / NO						
<u>Or</u>	•	4.5.1	YES / NO						
have positive t-PA exclusions and last seen normal < less than 4.5-hours									
Signs associated with hemorrhagic stroke - i.e. severe headache, neck pain/stiffness, sensitivity to light, etc YES / NO									

MIAMI EMERGENCY NEUROLOGIC DEFICIT (MEND)PREHOSPITAL CHECKLIST								
Mental Status		Onscene	Enroute					
Level of Consciousness (Alert: Verbal: Pain:	YES / NO	YES / NO						
Speech: "You can't teach an old dog new tricks"								
(Abnormal = wrong words slurred speech no	YES / NO	YES / NO						
Answers questions appropriately (Age, month)	YES / NO	YES / NO						
Obeys Commands (close or open eyes)	YES / NO	YES / NO						
Cranial Nerves								
Facial Droop(show teeth or smile)	Left / Right	YES / NO	YES / NO					
Visual Fields (Four quadrants)		YES / NO	YES / NO					
Horizontal Gaze (side to side)		YES / NO	YES / NO					
Limbs								
Motor – Arm drift (close eyes and hold both arms out) Abnormal=one arm can't move or drifts down	Left / Right	YES / NO	YES / NO					
Leg drift (open eyes and lift each leg separately)	Left / Right	YES / NO	YES / NO					
Sensor – Arm &Leg (close eyes and touch or pinch)	Left / Right	YES / NO	YES / NO					
Coordination – Arm and leg (finger to nose, heel to shir	า)	YES / NO	YES / NO					

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Management / Treatment									
IV / Lock (circle one)Avoid multiple IV attempts Location:					Ga:	Amt given:			
Nausea / vomiting (circle one) Medication			Dose:	Time:					
Oxygen: (if less than 95% SAO2) Route:				lpm:					
Vitals:		•							
Time:	BP (L)	/, (R)	/ HR:	Rhythm:	12Lead:				
		SAO2:	EtCO2:	BGL:	_				
Time:	BP (L)	/ , (R)	/ HR:	Rhythm:	12Lead:				
	Resp:	SAO2:	EtCO2:	BGL:					
Time:	BP (L)	/ , (R)	/ HR:	Rhythm:	12Lead:				
	Resp:	SAO2:	EtCO2:	BGL:	_				
Do NOT treat hypertension									
Protect paralyzed limbs from injury									
Do NOT treat hypertension Protect the Pt against aspiration – elevate head of stretcher 15 - 30 degrees if systolic BP >100 mm Hg Maintain head and neck in neutral alignment, without flexing the neck Protect paralyzed limbs from injury									