

STROKE SCREENING TOOLS:

BE FAST and FAST-ED

START HERE	↓ Is the patient having a stroke?	✓ Check if yes
Balance <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> What time did the symptoms start? _____ What time was the patient last known well (last appear normal)? _____ 		T
Glucose level = _____		
If these criteria are met, the patient qualifies for a stroke alert: <ul style="list-style-type: none"> Patient received one or more check marks (✓); and Glucose is over 80 mg/dl; and Last known well time is under 4.5 hours <p>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.</p> <ul style="list-style-type: none"> If glucose is < 80, treat and then reassess BE FAST If last known well is > 4.5 hours, obtain a FAST-ED score to see if they qualify for other treatment 		

ANY POSITIVE BE FAST FINDINGS?		Score (Circle)
Are their symptoms indicative of a large vessel stroke? ↓		
Ask if the patient is on any anticoagulant medications, such as: <ul style="list-style-type: none"> Coumadin/Warfarin Pradaxa/Dabigatran Eliquis/Apixaban Xarelto/Rivaroxaban Savaysa/Edoxaban Heparin/Enoxaparin Time anticoagulant last taken: <ul style="list-style-type: none"> Any other anticoagulants? (please list): 		
F	Facial Palsy (ask the patient to show their teeth or smile) <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> Both arms remain up for > 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 <ul style="list-style-type: none"> 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") <ul style="list-style-type: none"> Normal - patient can follow the simple command Unable to follow the simple command 	Score: 0 1 0 1
T	Time <ul style="list-style-type: none"> What time did the symptoms start? _____ → What time was the patient last known well (last appear normal)? _____ 	_____ _____
E	Eye Deviation <ul style="list-style-type: none"> No deviation; eyes move equally to both sides Patient has clear difficulty when looking to one side (left or right) Eyes are deviated 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?" <ul style="list-style-type: none"> 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?" <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> If any symptoms from BE FAST and within 4.5 hours = call a stroke alert regardless of FAST-ED score If FAST-ED score of 1 - 3 and within 4.5 hours = call a stroke alert If FAST-ED score ≥ 4 and within 24 hours = call stroke alert and discuss with stroke-ready hospital if the patient should be taken to a thrombectomy capable stroke center. If symptoms on BE FAST or FAST-ED score of 1 - 3 and outside of 4.5 hours = discuss with receiving facility If score ≥ 4 and outside of 24 hours = Discuss with receiving facility 		

Remember:

- Minimize scene time as much as possible.
- Severe headache with no known cause may be a sign of a hemorrhagic stroke. Continue your assessment but be sure to report the headache to the receiving hospital.
- It is important to rule out seizure activity with the onset of symptoms.

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: _____