

TRIAGE TOOLS for Acute Stroke <24 hours

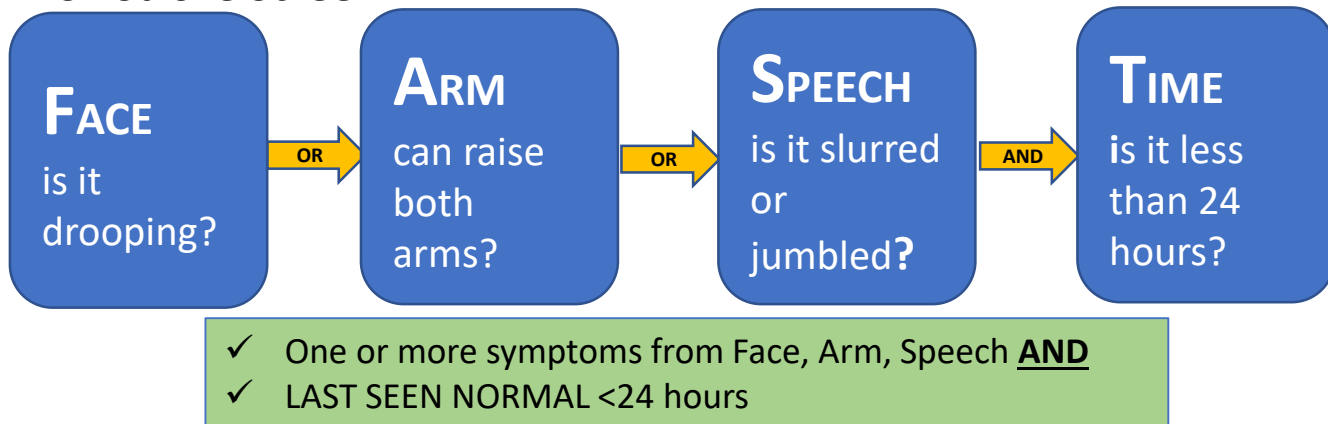
Adapted from Toronto Stroke Network & Ambulance Clinical Triage for Acute Stroke Treatment” Zhao et al. Stroke 2018;49:945-951



Kingston Health
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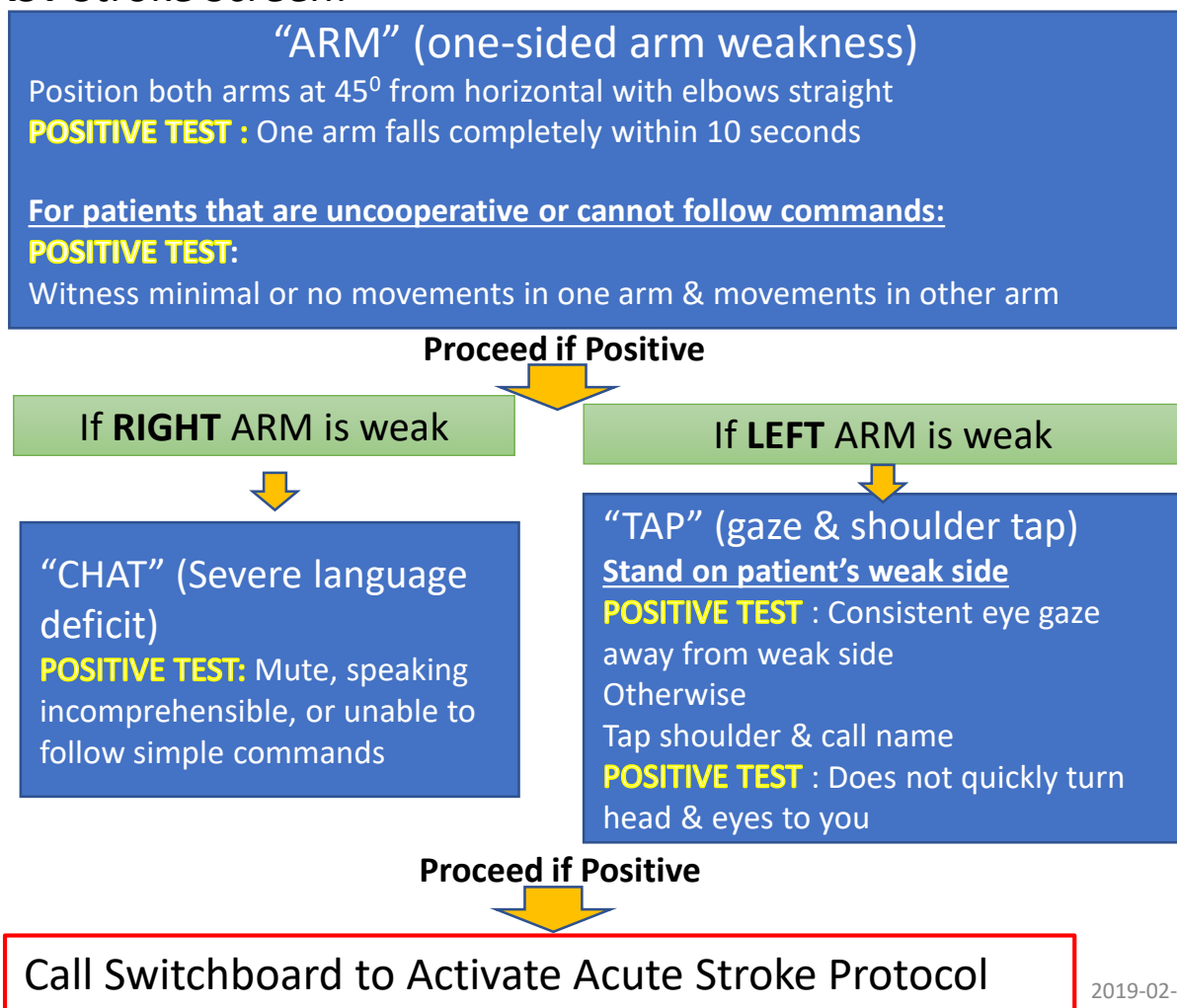
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FAST Stroke Screen:



IF ≤ 6 hours, Call Switchboard to Activate Acute Stroke Protocol
IF 6 -24 hours, Complete **ACT-FAST**

ACT-FAST Stroke Screen:



**If Acute Stroke Protocol is Activated:
Contact Charge Nurse & ED Physician**

Charge Nurse will delegate nurse to take over & locate holding spot

Physician will assess EVT Eligibility

1. Deficits are NOT pre-existing (mild deficits that are now worse are acceptable as true deficits)
2. Onset of symptoms or last seen normal less than 24 hrs
3. Living at home independently with only minor assistance – must be independent with hygiene, personal care tasks, walking (walking aids are acceptable)
4. Patient does NOT have stroke mimics: seizure preceding symptoms, Hypoglycemia = glucose less than 2.8 mmol/L, Active malignancy with brain lesions

Additional Tips:

If both arms are similarly weak, or testing is clearly affected by shoulder problems or pain, notify ED physician

- Try and use clues to guess time last seen well – did someone talk to or call patient?
- For suspected Wake-Up symptoms, did patient get up overnight? Were they normal when first getting up?