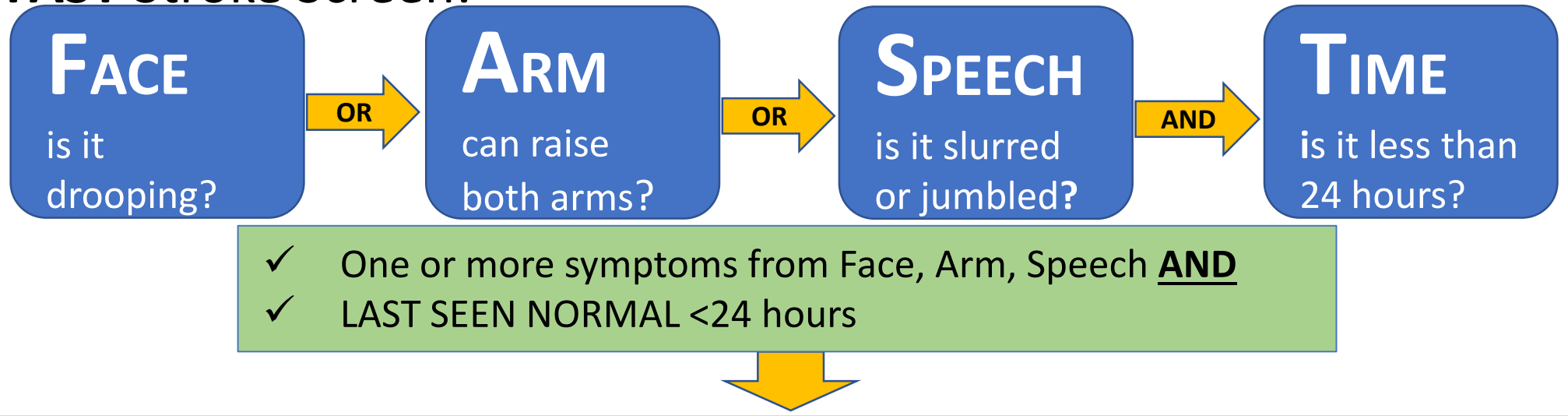


TRIAGE TOOLS for Acute Stroke < 24 hours

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

FAST Stroke Screen:



IF ≤ 6 hours, refer to Pink Poster to activate Acute Stroke Protocol
IF 6 -24 hours, Complete **ACT-FAST**

ACT-FAST Stroke Screen:

“ARM” (one-sided arm weakness)

Position both arms at 45° from horizontal with elbows straight

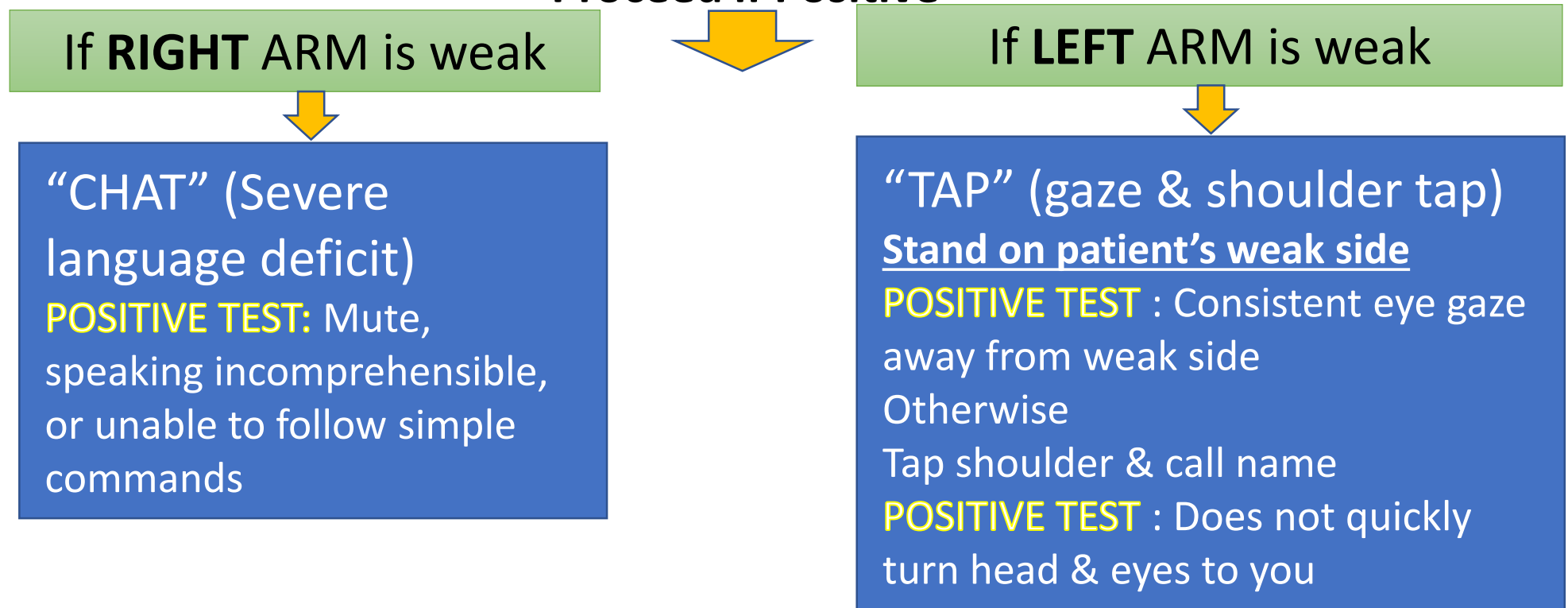
POSITIVE TEST : One arm falls completely within 10 seconds

For patients that are uncooperative or cannot follow commands:

POSITIVE TEST:

Witness minimal or no movements in one arm & movements in other arm

Proceed if Positive



Proceed if Positive

Physician will assess EVT Eligibility (Positive if All Criteria Met)

1. Deficits are NOT pre-existing (mild deficits now worse are acceptable as true deficits)
2. Living at home independently– must be independent with hygiene, personal care, walking
3. Does NOT have stroke mimics: seizure preceding symptoms, Hypoglycemia = glucose less than 2.8 mmol/L, Active malignancy with brain lesions

Proceed if Positive

Refer to Pink Poster to Activate Acute Stroke Protocol

Additional Tips:

If patient is uncooperative or cannot follow commands & you clearly witness minimal or no movements in one arm and normal or spontaneous movements in the other arm, THEN proceed to next ACT-FAST Step

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

- Try to 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?
- Negative eligibility if time of onset is > 24 hours

- If there is uncertainty as to time of symptom onset or whether a patient meets the ACT-FAST or Acute Stroke Protocol criteria, the ED physician can contact the neurologist on call for stroke for consultation