

Region One EMS

Fibrinolytic Therapy Checklist for Ischemic Stroke

Patient Name:

Date:

Time:

All of the “**YES**” boxes and all of the “**NO**” boxes must be checked before a patient should be transported to an “Acute Stroke Care Facility.” If there is not one within 30 minutes, then go to the nearest hospital.

Inclusion Criteria

(All of the “YES” boxes must be checked)

YES

- Age greater than or equal to 15 years
- Signs and symptoms of stroke with neurologic deficit (abnormal Cincinnati Stroke Scale)
- Time of symptom onset less than 120 minutes prior to EMS arrival

Exclusion Criteria

(All of the “NO” boxes must be checked)

NO

- Active internal bleeding (e.g., gastrointestinal bleeding or urinary bleeding within the last 21 days)
- Known bleeding disorder
- Within 3 months of intracranial surgery, serious head trauma, or previous stroke
- Within 14 days of major surgery or serious trauma
- History of intracranial hemorrhage
- Witness of seizure at stroke onset
- History of cancer of the brain

County Incident Number:

ALS Provider Name

Date:

Signature: