
Stroke Assessment

1. Orientation

- a) What is your first and last name?
- b) How old are you and when is your birthday?
- c) What is going on right now?
- d) If they cannot answer any of the above then ask them specifically:
 - Person
 - Place
 - Time
 - Situation

2. Pertinent Questions

- a) Provoked: What were you doing when Chief Complaint started?
- b) Time: When did it start? 10m, 1hr, 2 days etc.
- c) Are you having a hard time talking?
- d) Are you having a hard time moving?

3. Pertinent Secondary

- a) Slurred Speech (CSS)
- b) Facial Droop (CSS)
- c) Arm Drift (CSS)
- d) Pupils
- e) Check Perfusion, Motor, and Sensory for all extremities

4. History: HAM

- a) History: Do you have any medical problems?
- b) Allergies: Do you have any allergies to medications?
- c) Medications: Are you taking any medications?

5. Treatment Plan:

- a) Vital Signs
- b) Treatment: O2, 12 Lead, Glucose, etc.
- c) Transport: ALS or BLS
- d) Position Patient
- e) Transport Destination