

Stroke Alert and Contraindication Check List			
PT Name			
DOB			
CALL TIME / DATE			
At least one of the following less than 6 hours ago:			
Eyes	<input type="checkbox"/>	Arm Drift	<input type="checkbox"/>
Balance	<input type="checkbox"/>	Speech	<input type="checkbox"/>
Facial Droop	<input type="checkbox"/>		
Contraindications - All must be NO			
	YES	NO	
Known active Internal bleeding	<input type="checkbox"/>	<input type="checkbox"/>	
History of hemorrhagic brain tumor	<input type="checkbox"/>	<input type="checkbox"/>	
Clotting or bleeding disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Known intracranial hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	
Major surgery within 14 days	<input type="checkbox"/>	<input type="checkbox"/>	
Current head trauma	<input type="checkbox"/>	<input type="checkbox"/>	
Seizure disorder	<input type="checkbox"/>	<input type="checkbox"/>	
BS < 50 or > 400	<input type="checkbox"/>	<input type="checkbox"/>	
Notes and best practice checklist			
A patient must be positive for IFAST and negative for all contraindications to call a stroke alert.			<input type="checkbox"/>
If a patient is positive for IFAST but has a contraindication, the specific contraindication(s) should be mentioned to the receiving hospital during the call in report so the facility may decide on activating an alert internally.			<input type="checkbox"/>
Obtain an accurate weight from family members or patient if possible.			<input type="checkbox"/>
When possible, bring someone with the patient who can provide an accurate history of the event and patient information. If no one can accompany the patient, obtain a phone number where they can be contacted.			<input type="checkbox"/>
Initiate transport:			
Patient's choice			<input type="checkbox"/>
Closest appropriate receiving facility:			<input type="checkbox"/>