

Affix patient label within this box

EMS Stroke Screen

EMS must obtain critical patient information and complete this form on scene

Patient last seen neurologically normal		Patient name	Event number
Date (yyyy-Mon-dd)	Time (hh:mm)		
History provided by <input type="checkbox"/> Patient <input type="checkbox"/> Family member <input type="checkbox"/> Other (specify) _____		Patient last seen by (witness name)	Witness phone
		History provider name	History provider phone

Complete **Physical Examination Findings** and **LAMS** scoring, then continue with **screening process**

Physical Examination Findings		LAMS	
Level of Consciousness <input type="checkbox"/> Alert <input type="checkbox"/> Responds to Verbal <input type="checkbox"/> Responds to Pain only <input type="checkbox"/> Unresponsive	Speech <input type="checkbox"/> Normal <input type="checkbox"/> Slurred <input type="checkbox"/> Incomprehensible or mute	Is blood glucose level greater than 3.0 mmol/L? <input type="checkbox"/> No → Treat as per Adult Stroke MCP, then continue screening process <input type="checkbox"/> Yes → Continue screening process	
Leg Strength <input type="checkbox"/> Normal <input type="checkbox"/> Right-Drifts down <input type="checkbox"/> Left-Drifts down <input type="checkbox"/> Right-Falls rapidly <input type="checkbox"/> Left-Falls rapidly		Is one or more red Physical Examination Findings checked? <input type="checkbox"/> No → Transport to closest medical facility <input type="checkbox"/> Yes → Continue with screening process	
Facial Smile Smile, show teeth, raise eyebrows and squeeze eyes shut <input type="checkbox"/> Normal (0) <input type="checkbox"/> Right-Droop (1) <input type="checkbox"/> Left-Droop (1)		Patient last seen normal less than 6 hours ago or awoke with stroke symptoms ? <input type="checkbox"/> No → STOP screening process; Treat and transport as per local stroke strategy guidelines. <input type="checkbox"/> Yes → EMS Stroke Screen is positive; Continue with screening process	
Arm Strength Elevate with palm down and hold for 10 second count (45 degrees if laying down, 90 degrees if sitting) <input type="checkbox"/> Normal (0) <input type="checkbox"/> Right-Drifts down (1) <input type="checkbox"/> Left-Drifts down (1) <input type="checkbox"/> Right-Falls rapidly (2) <input type="checkbox"/> Left-Falls rapidly (2)		Is the LAMS Score 4 or greater ? <input type="checkbox"/> No → STOP Provide early pre-notification and rapid transport to the most appropriate Primary or Comprehensive Stroke Centre. <input type="checkbox"/> Yes → STOP Call OLMC number and state: "I have a STAT Stroke patient with a LAMS Score of 4 or 5"	
Grip Strength Have patient try to grasp examiners fingers <input type="checkbox"/> Normal (0) <input type="checkbox"/> Right-Weak grip (1) <input type="checkbox"/> Left-Weak grip (1) <input type="checkbox"/> Right-No grip (2) <input type="checkbox"/> Left-No grip (2)		Los Angeles Motor Scale (LAMS) Scoring 1. Score the affected side using the values provided 2. Score Facial Smile, Arm Strength and Grip Strength 3. Calculate Score (0-5) A score of 4 or greater is predictive of large artery occlusion	
Total LAMS Score			

Screening Process

Practitioner Name (print)	Practitioner Signature	Date (yyyy-Mon-dd)
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