

LOS ANGELES PREHOSPITAL STROKE SCREEN (LAPSS)

PATIENT REPORT TO ED – KEY ITEMS¹

- Patients' age, sex, weight
- Mechanism of injury or medical problem
- Chief complaint with brief history of present illness
- Associated symptoms
- Past medical history
- Vital signs
- Level of consciousness
- General appearance, distress, cardiac rhythm
- Interventions by EMS (IV, medication administration)
- ETA (the more critical the patient, the earlier you need to notify the receiving facility)

Always follow your state, local or EMS agency/medical directors' protocols.

LOS ANGELES PREHOSPITAL STROKE SCREEN^{*}

SCREENING CRITERIA	YES	NO	UNKNOWN	FACIAL SMILE/ GRIMACE	GRIP	ARM STRENGTH		YES	NO
1. Age over 45 years				<input type="checkbox"/> Normal	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal	Based on exam, patient has only unilateral (and not bilateral) weakness:		
2. History of seizures or epilepsy absent				<input type="checkbox"/> Droop (Right)	<input type="checkbox"/> Weak grip (Right)	<input type="checkbox"/> Drifts down (Right)			
3. Symptom duration less than 24 hours				<input type="checkbox"/> Droop (Left)	<input type="checkbox"/> Weak Grip (Left)	<input type="checkbox"/> Drifts down (Left)		7. If Yes (or unknown) to all items above LAPSS screening criteria met:	
4. At baseline, patient is not wheelchair bound or bedridden					<input type="checkbox"/> No grip (Right)	<input type="checkbox"/> Falls rapidly (Right)	8. If LAPSS criteria for stroke are met, call receiving hospital with "CODE STROKE", if not then return to the appropriate treatment protocol. (Note: the patient may still be experiencing a stroke even if LAPSS criteria are not met)		
5. Blood glucose between 60 and 400			N/A		<input type="checkbox"/> No Grip (Left)	<input type="checkbox"/> Falls rapidly (Left)			
6. Exam: Look for obvious asymmetry			N/A						

^{*} Adapted from: Kidwell CS, Starkman S, Eckstein M, Weems K, Saver JL. "Identifying stroke in the field. Prospective validation of the Los Angeles prehospital stroke screen (LAPSS)." Stroke 2000 Jan;31(1):71-6

ADDITIONAL INFORMATION

PRE-HOSPITAL MANAGEMENT OF AN ACUTE STROKE²

- Assess the airway, breathing and circulatory status
- Check blood glucose
- Obtain full set of vital signs
- Review patient medications
- Perform 12 lead ECG
- Establish IV access

ACUTE ISCHEMIC STROKE – IV t-PA CONTRAINDICATIONS³

- Active internal bleeding
- Recent intracranial or intraspinal surgery or serious head trauma
- Intracranial conditions that may increase the risk of bleeding
- Bleeding diathesis
- Current severe uncontrolled hypertension
- Current intracranial hemorrhage
- Subarachnoid hemorrhage
- History of recent stroke

1 Campbell S, Robinson MR. Paramedic Lab Manual. Upper Saddle River, N.J.: Pearson Prentice Hall; 2005.

2 Maggioro, W. A. (2012). 'Time is Brain' in Prehospital Stroke Treatment. Journal of Emergency Medical Services. 1-9.

3 Genentech USA, Inc. Highlights of prescribing information, Activase (alteplase for injection, for intravenous use). https://www.gene.com/download/pdf/activase_prescribing.pdf Accessed on April 17, 2018.

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