



NM EMS STROKE CARE CARD

REVISED: 4/23/19

PATIENT NAME:
PATIENT DOB:

NM PRIMARY STROKE CENTERS:

- | | |
|---|---|
| Lea Regional Medical Center –Hobbs | Presbyterian Main Hospital –Albuquerque* |
| Lovelace Medical Center – Albuquerque** | San Juan Regional Medical Center –Farmington |
| Mountain View Regional Medical Center –Las Cruces* | UNM Hospital – Albuquerque** |

*Endovascular Thrombectomy Capable Facility
 **Endovascular Thrombectomy Capable Facility 24/7

NM ACUTE STROKE READY HOSPITAL:

Rehoboth McKinley Christian Health Care Services—Gallup

KNOW YOUR NEAREST STROKE FACILITY

EMERGENCY CONTACT:
EMERGENCY CONTACT #:

EMS ARRIVAL:
DATE: _____ INITIAL: _____
TIME: _____

LAST KNOWN WELL:
DATE: _____
TIME: _____

ANTICOAGULANT/ ANTIPLATELET: (CIRCLE ALL THAT APPLY)
Warfarin (Coumadin) Dabigatran (Pradaxa)
Apixaban (Eliquis) Rivaroxaban (Xarelto)
Other: _____

BGL:
BP: ____/____



CINCINNATI: (IF ANY ABNORMAL, PERFORM C-STAT OR LAMS)

Facial Droop	Arm Drift	Speech
<p>Normal: Both sides of face move equally</p> <p>Abnormal: One side of face does not move at all</p>	<p>Normal: Both arms move equally or not at all</p> <p>Abnormal: One arm drifts compared to the other</p>	<p>Normal: Patient uses correct words with no slurring</p> <p>Abnormal: Slurred or inappropriate words or mute</p>

C-STAT: (POSITIVE IF SCORE = 2 OR MORE)

Conjugate gaze deviation	<input type="checkbox"/> 2 POINTS
Cannot provide <u>AGE OR CURRENT MONTH AND DOES NOT FOLLOW AT LEAST ONE COMMAND: <u>CLOSE YOUR EYES, OPEN AND CLOSE YOUR HAND</u></u>	<input type="checkbox"/> 1 POINT
Arm (<i>right, left, or both</i>) falls to the bed within 10 seconds	<input type="checkbox"/> 1 POINT
If C-STAT is POSITIVE—High chance of Large Vessel Occlusion (LVO). Consider transport to Endovascular Thrombectomy Capable facility if possible.	

(CHECK ONE BOX FOR EACH. IF 1-5 = YES & 6 HAS ANY ABNORMAL,

LA STROKE SCALE: PERFORM LAMS OR C-STAT)

Criteria	Yes	No	Unknown
1) Age > 45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) No history of seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Symptoms < 24 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Not wheelchair-bound or bedridden at baseline	<input type="checkbox"/>	<input type="checkbox"/>	
5) Glucose 60-400	<input type="checkbox"/>	<input type="checkbox"/>	
6)	NORMAL	RIGHT	LEFT
FACIAL SMILE/GRIMACE	<input type="checkbox"/>	Droop <input type="checkbox"/>	Droop <input type="checkbox"/>
GRIP	<input type="checkbox"/>	Weak Grip <input type="checkbox"/> No Grip <input type="checkbox"/>	Weak Grip <input type="checkbox"/> No Grip <input type="checkbox"/>
ARM STRENGTH	<input type="checkbox"/>	Drifts Down <input type="checkbox"/> Falls Rapidly <input type="checkbox"/>	Drifts Down <input type="checkbox"/> Falls Rapidly <input type="checkbox"/>

LAMS: (ENTER TOTAL SCORE)

Face	0	Both sides move normally
	1	One side is weak or flaccid
Arm	0	Both sides move normally
	1	One side is weak
	2	One side is flaccid/doesn't move
Grip	0	Both sides move normally
	1	One side is weak
	2	One side is flaccid/doesn't move
Total		
<p>1-2 points = Go to highest center within 20 minutes.</p> <p>3-5 points, drowsy, or impaired consciousness = Go to Endovascular Thrombectomy Capable Facility, or to the highest center available and prepare for transfer.</p>		

IF ANY ASSESSMENT IS ABNORMAL OR POSITIVE, ACTIVATE STROKE ALERT IMMEDIATELY.