

TRIAGE TOOLS FOR ACUTE STROKE < 24 HOURS

FAST Stroke Screen:

FACE

- Drooping?
- Normal?

OR

ARMS

- Weakness?
- Normal?

OR

SPEECH

- Slurred?
- Normal?

AND

TIME

- Less than 24 hours?

- ✓ One or more symptoms from Face, Arm, Speech **AND**
- ✓ LAST SEEN NORMAL less than 24 hours



IF ≤ 6 hours, activate Acute Stroke Protocol
IF 6 - 24 hours, Complete **ACT-FAST**

ACT FAST Stroke Screen:

STEP 1



Proceed if positive

“ARM” (one-sided arm weakness)

Position both arms at 45° from horizontal with elbows straight

POSITIVE TEST: One arm falls completely within 10 seconds

For patients who are uncooperative or cannot follow commands:

POSITIVE TEST: Witness minimal or no movements in one arm and movements in other arm



STEP 2



Proceed if positive

If RIGHT ARM is weak

“CHAT” (Severe language deficit)

POSITIVE TEST: Mute, speaking incomprehensibly or unable to follow simple commands

If LEFT ARM is weak

“TAP” (eye gaze & shoulder tap)

Stand on patient’s weak side

POSITIVE TEST: Consistent gaze away from weak side

POSITIVE TEST: Does not quickly turn head/eyes to you when shoulder tapped, and first name called



STEP 3



If positive
consult your
stroke protocol
for next steps

Physician will assess EVT Eligibility

1. Deficits are NOT pre-existing (mild deficits now worse are acceptable as true deficits)
2. Living at home independently – must be independent with hygiene, personal care, walking
3. Does NOT have stroke mimics: seizure preceding symptoms, hypoglycemia (glucose less than 2.8 mmol/L), active malignancy with brain lesions

SCREENING TIPS

- If patient is uncooperative or cannot follow commands and you clearly witness minimal or no movements in one arm and normal or spontaneous movements in the other arm, THEN proceed to next ACT FAST step
- If both arms are similarly weak, or testing is clearly affected by shoulder problems or pain, ED physician to assess

Time of Onset:

- If there is uncertainty as to time of symptom onset or whether a patient meets the ACT FAST or Acute Stroke Protocol criteria, the ED physician can contact the stroke neurologist on call for consultation
- Try to use clues to determine time last seen well – did someone talk to or call the patient?
- For suspected Wake-Up symptoms, did patient get up overnight? Were they normal when first getting up?
- Negative eligibility if time of onset is greater than 24 hours

Testing tips:

- CHAT test tips: assess patient from overall interaction and routine assessment of the patient. You can ask the patient to repeat a phrase (e.g. "You can't teach a dog new tricks") OR perform a simple task (e.g. make a fist, open and close your eyes). Use family/friends to translate.
- TAP test tips: open eyelids if required. Obvious gaze preference may be observed from the foot of the stretcher.