

Los Angeles Prehospital Stroke Screen (LAPSS)

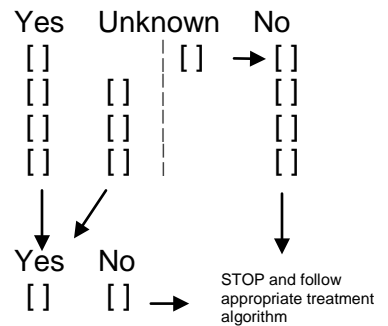
1. Patient Name: _____
Last *First*

2. Information/History from:
 Patient
 Family Member
 Other } _____
Name *Phone*

3. Last known time patient was at baseline or deficit free and awake: *Military Time:* _____
Date: _____

SCREENING CRITERIA:

- 4. Symptom duration **less than** 6 hours
- 5. History of seizures or epilepsy **ABSENT**
- 6. Age \geq 45
- 7. At baseline, patient is **NOT** wheelchair bound or bedridden

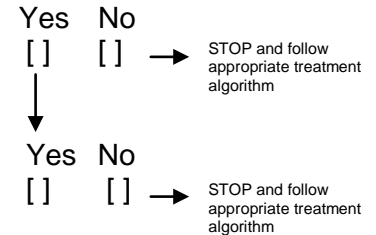


8. Blood glucose: between 60 and 400

9. Motor Exam: **EXAMINE FOR OBVIOUS ASYMMETRY**

	Normal Right	Left
Facial Smile/Grimace:	<input type="checkbox"/> Droop	<input type="checkbox"/> Droop
Grip:	<input type="checkbox"/> Weak Grip <input type="checkbox"/> No Grip	<input type="checkbox"/> Weak Grip <input type="checkbox"/> No Grip
Arm Strength:	<input type="checkbox"/> Drifts Down <input type="checkbox"/> Falls Rapidly	<input type="checkbox"/> Drifts Down <input type="checkbox"/> Falls Rapidly

Based on exam, patient has **only unilateral** (and not bilateral) weakness:



10. **Items 4-9 all YES's (or 5-7 unknown) → LAPSS screening criteria met:**

- If LAPSS criteria for stroke met, call base station with a “code stroke” or follow standing field treatment protocol for stroke.
- If LAPSS criteria not met, then return to the appropriate treatment protocol.
 (Note: the patient may still be experiencing a stroke even if LAPSS criteria are not met. If you suspect stroke despite negative LAPSS screen, call base station for medical control instructions.)