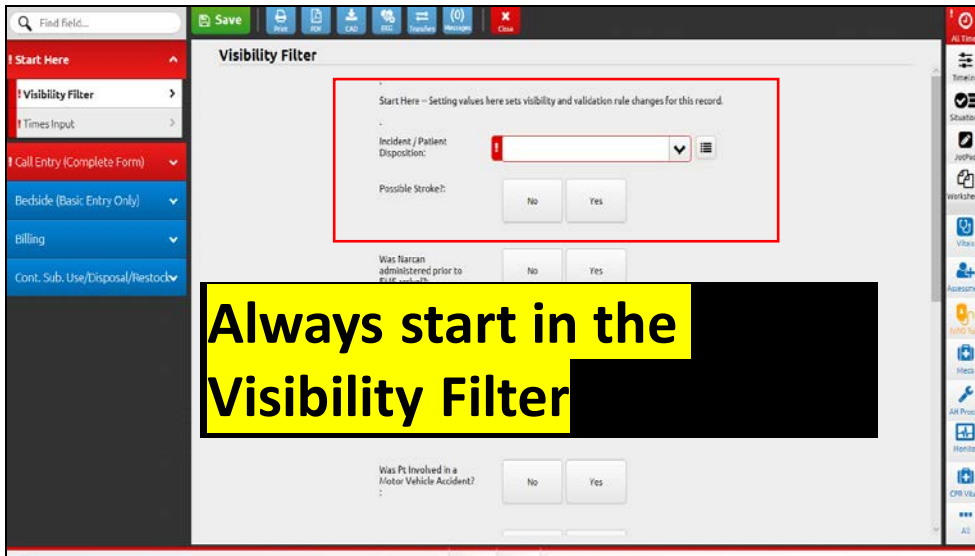
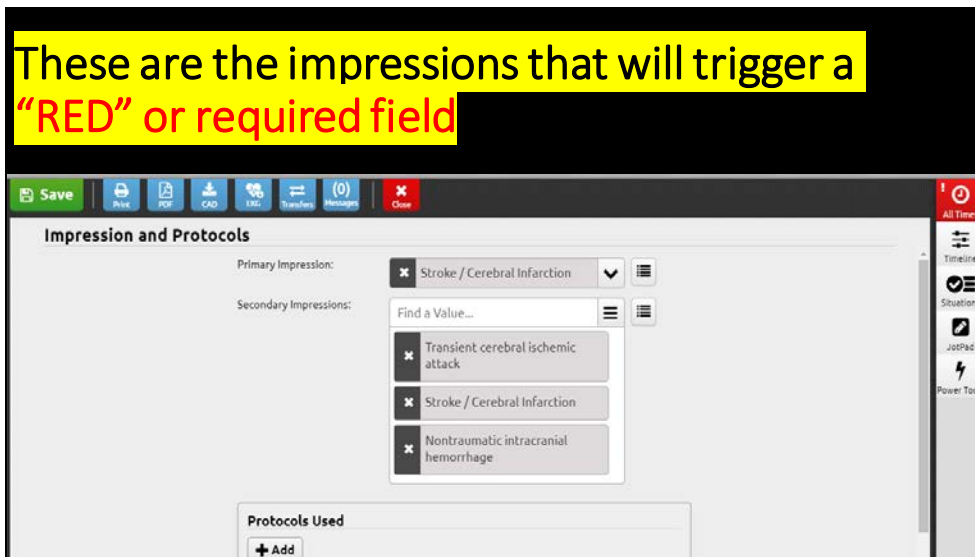


Slide 1



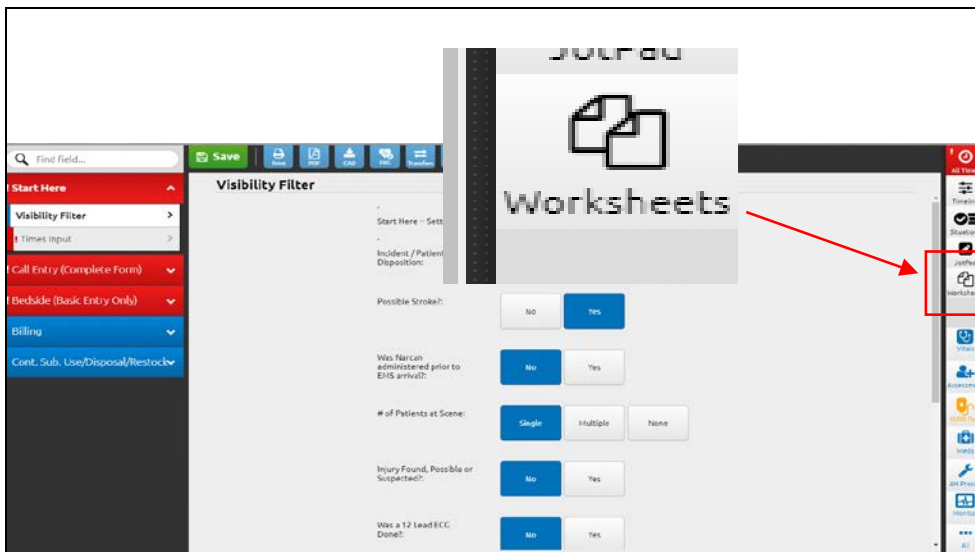
The reason this worksheet is being used is that there is no way to document BEFAST accurately within current ImageTrend programming. This worksheet also allows users to chart multiple stroke assessments during the course of the call.

Slide 2

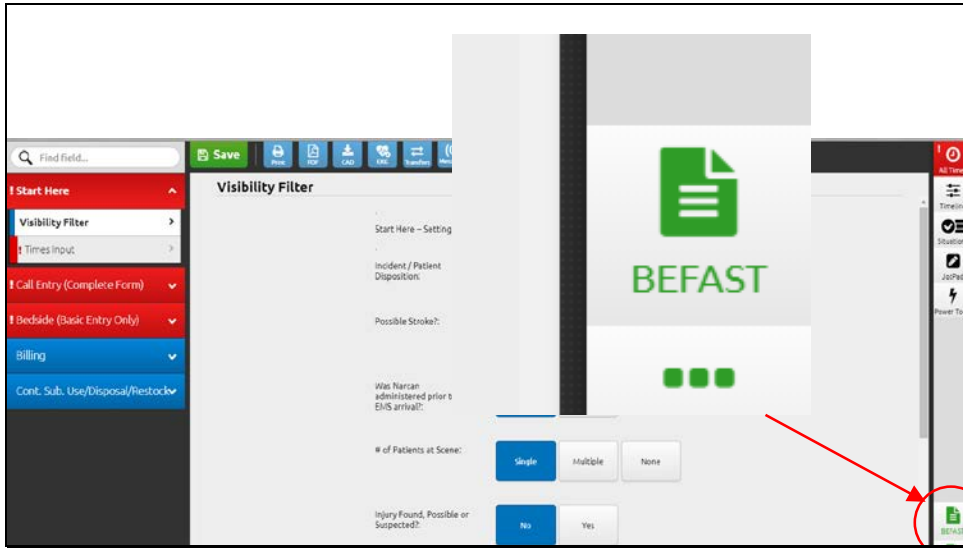


There can only be one primary impression and many secondary impressions, but any selection will trigger a "RED". The expectation will be to use this worksheet if a stroke scale is completed.

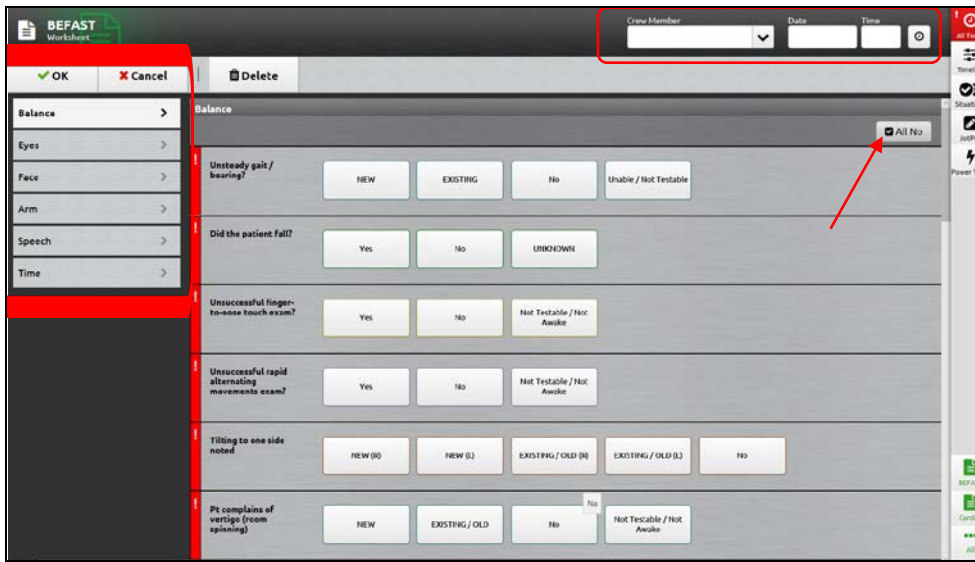
Slide 3



Slide 4



Slide 5



Pro tip: Mark “all no” and then select the box if it’s just one or two yes answers. Don’t forget to select the crew member and time of assessment at the top

Slide 6



See exam form in SOP

Slide 7

Eyes						
Vision - BLURRED	NEW (R)	NEW (L)	EXISTING / OLD (R)	EXISTING / OLD (L)	No	Not Testable / Not Awake
Double Vision (Diplopia)	NEW (R)	NEW (L)	EXISTING / OLD (R)	EXISTING / OLD (L)	No	Not Testable / Not Awake
Loss of any field of vision	NEW (R)	NEW (L)	EXISTING / OLD (R)	EXISTING / OLD (L)	No	Not Testable / Not Awake
Photophobia (Light Sensitivity)?	NEW	EXISTING	No	Not Testable / Not Awake		
Ptosis (Droopy Eyelid)?	NEW (R)	NEW (L)	EXISTING / OLD (R)	EXISTING / OLD (L)	No	Not Testable / Not Awake
Horizontal gaze (fixed deviation)?	NEW (R)	NEW (L)	EXISTING / OLD (R)	EXISTING / OLD (L)	No	Not Testable / Not Awake

Slide 8

Face						
Smile Asymmetrical?	NEW (R)	NEW (L)	EXISTING / OLD (R)	EXISTING / OLD (L)	No	Not Testable / Not Awake
Unable to Wrinkle Forehead?	Yes	No	Not Testable / Not Awake			
Face Resting Asymmetry Noted	NEW (R)	NEW (L)	EXISTING / OLD (R)	EXISTING / OLD (L)	No	

All No

Slide 9

Arm						
Arm falls slowly / drifts	NEW (R)	NEW (L)	EXISTING / OLD (R)	EXISTING / OLD (L)	No	Not Testable / Not Awake
Arm falls FLACCID or DROPS?	NEW (R)	NEW (L)	EXISTING / OLD (R)	EXISTING / OLD (L)	No	Not Testable / Not Awake

Speech

Slide 10

Speech All No

Ask patient to repeat a simple phrase (you can't teach an old dog new tricks)

Is there expressive aphasia? (Pt knows what he or she wants to say, yet has difficulty communicating it to others)

NEW EXISTING / OLD No Not Testable / Not Awake

Is there receptive aphasia? (Pt does not understand commands)

NEW No EXISTING / OLD Not Testable / Not Awake

Is there word substitution? (Pt exhibits verbal paraphasia)

NEW EXISTING / OLD No Not Testable / Not Awake

Pt exhibits dysarthria (difficult or unclear articulation of speech)?

NEW EXISTING / OLD No Not Testable / Not Awake

See exam in SOPs

Slide 11

Time

≤ 3.5 hrs >3.5 hrs ***Please refer to "Stroke Information" section on the run form to document TIME (last known well)***

PER the SOP this is the time window that must be documented (refer to the next slide)

Slide 12

Find field...

Start Here

Call Entry (Complete Form)

- Personnel & Unit
- CAD / Dispatch
- Other Agencies at Scene
- Incident Address
- Patient
- Patient Address & Phone
- Signs & Symptoms
- Medications
- Allergies
- Past Medical History
- Trauma Information
- 12 Lead & STEMI
- ET/CO2 Wave Form Shape**
- Stroke Information**
- Impression and Protocols
- Destination / OLMC Contact

No Patient Name Entered

Slide 13

Stroke Information

Arrived at Patient Time: 12/14/2019 09:35:43

Severe Headache?: No Unknown **Yes**

Head Trauma At Onset?: **No** Yes Unknown

Time of Symptom Onset: 12/14/2019 08:18:09

Time the Patient was Last Known Well: 12/14/2019 03:36:18

IF UNABLE TO OBTAIN A TIME click the Circle on the Right

Callback Phone # for someone who has Knowledge about the Stroke Patient

+ Add

END OF PAGE

Next

The next window is the next slide

Slide 14

Callback Phone #

+ Add Another OK Cancel

Name of person who has knowledge about the Stroke Patient (If none type N/A): Elaine

Relation: Other

Callback Phone # for someone who has Knowledge about the Stroke Patient: 999 999 9999

Enter all 9's if unable to get phone #

Slide 15

BEFAST Workshop

OK Cancel Delete

Balance

Unsteady gait / bearing?

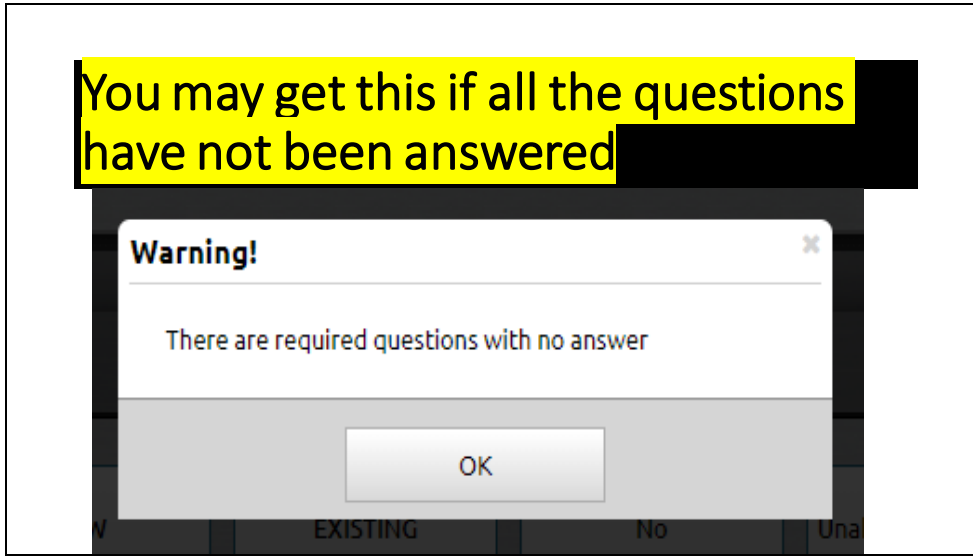
nose touch exam?

Unsuccessful rapid alternating movements exam?

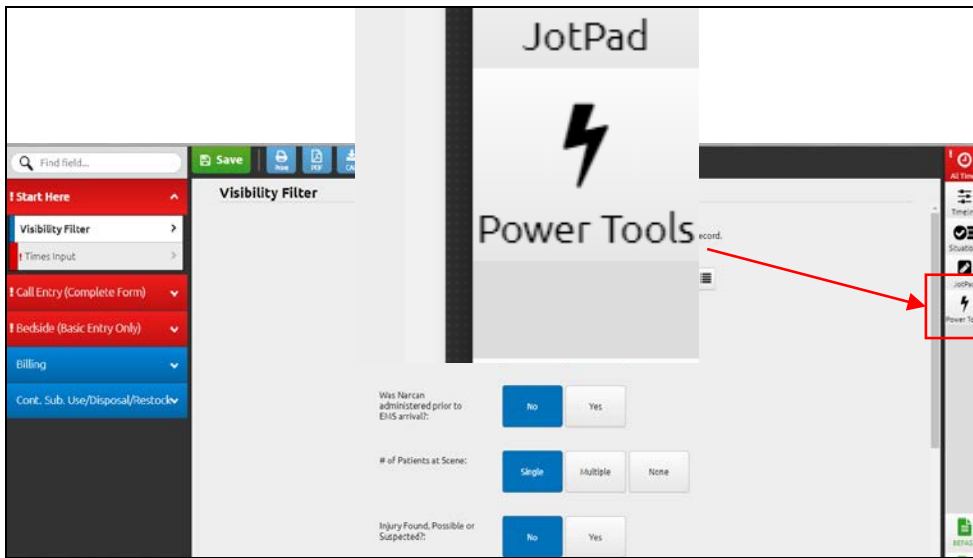
Tilting to one side noted

When You're Done click OK

Slide 16

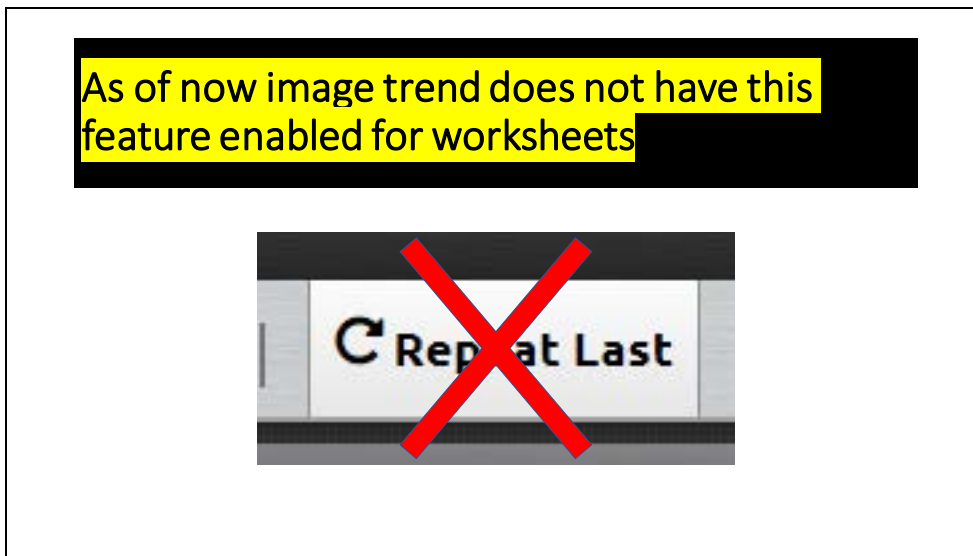


Slide 17



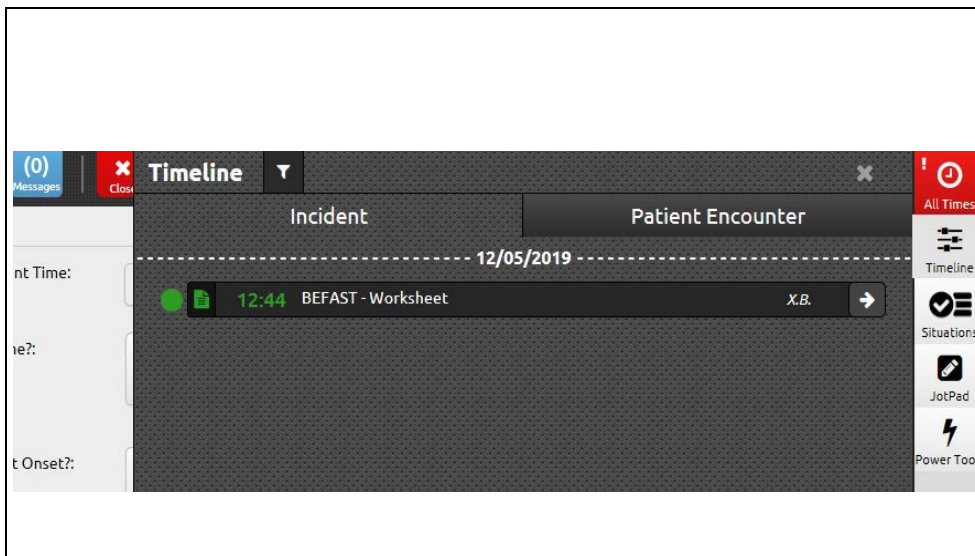
Want to switch back to Power Tools, click here...

Slide 18



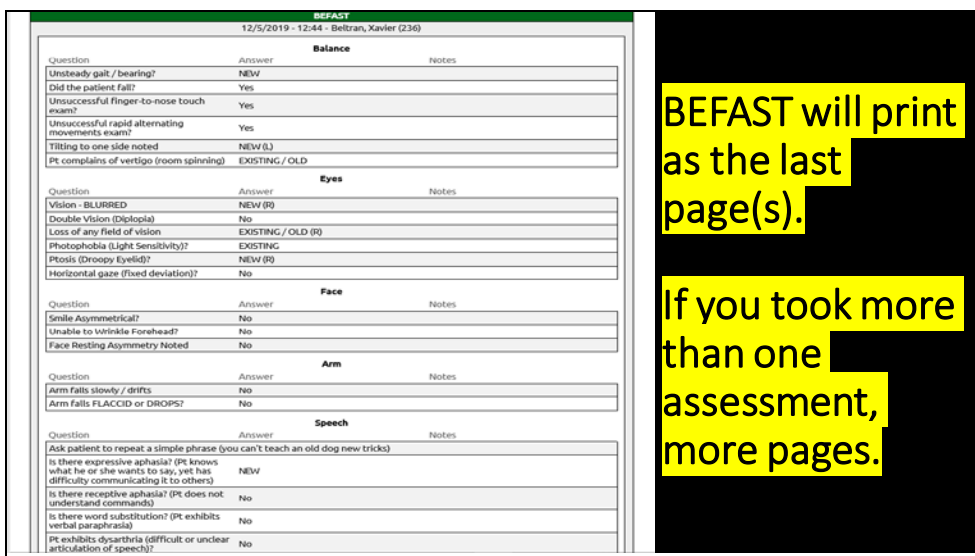
If you did a second exam with no changes it would've been nice to have this feature, but no go... For now...

Slide 19

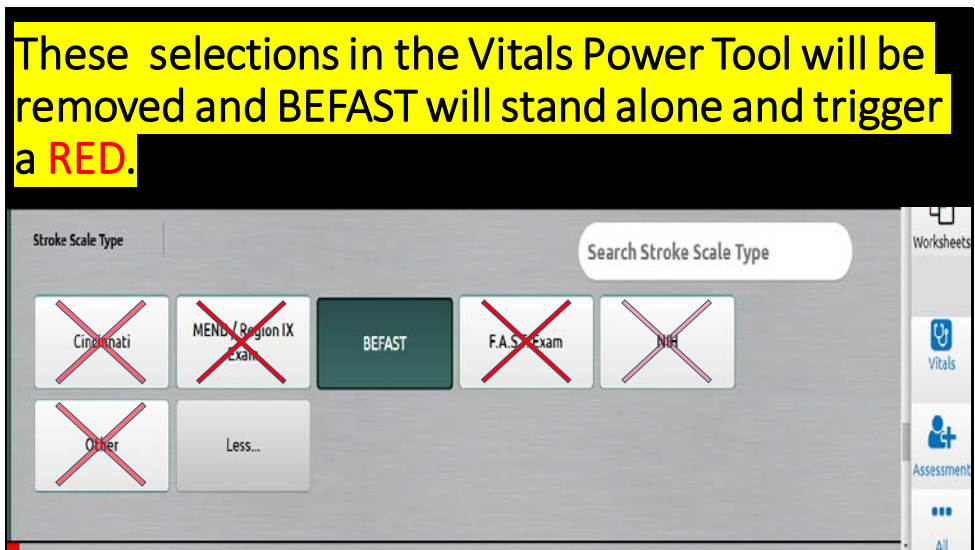


You can do many worksheets and they will appear here in the time line

Slide 20



Slide 21



BEFAST is the only stroke exam that should be elected. By selecting BEFAST in the vitals PowerTool and choosing an impression other than the ones in slide #2, ex, AMS, pain, etc. it will require a BEFAST tool. Validation will be turned on February 1st 2020. BEFAST is up and working now but without it turning RED (no validation is applied) yet.

HUGE THANKS to Jim Klein (AHFD), CARS chair, for co-creating this BEFAST charting tool along with Patrick Sennett (Good Sam Region Image Trend administrator) and for creating this slide deck for CE.

EMS STROKE SCREEN/STROKE ALERT CHECKLIST

Pt. name		DOB		Gender	
Witness name	Call back number:				
Chief complaint					
Severe headache or seizure at onset?				Y	N
Head trauma at onset?				Y	N
EXAM – NEW ONSET - BE FAST - Complete ENTIRE Stroke Screen				✓ IF ABNORMAL	
B	BALANCE /Coordination – Unsteady, fall? Finger to nose, rapid alternating movements, heel to shin; note ataxia; tilting to one side, vertigo			R	L
E	EYES: Vision changes: blurred, diplopia, loss of visual field; photophobia Eye position; ptosis. Horizontal gaze: gaze palsy or fixed deviation			R	L
F	FACE: Smile, show teeth; close eyelids, wrinkle forehead Note unilateral weakness/asymmetry:			R	L
A	Motor – ARM (close eyes and; hold out both arms for 10 sec) Normal; Abnormal: drift to no effort against gravity			R	L
S	SPEECH (Repeat "You can't teach an old dog new tricks" or sing Happy Birthday <input type="checkbox"/> Expressive/receptive aphasia <input type="checkbox"/> Dysarthria <input type="checkbox"/> Word substitution or retrieval deficits			<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
T	TIME last known well /normal pt baseline <input type="checkbox"/> ≤ 3.5 hrs <input type="checkbox"/> >3.5 hrs			Time:	
Other assessments	Level of consciousness: AMS? GCS: E V M			Total GCS:	
	Orientation: Answers accurately: Name, age, month of year; location, situation			X (1-4)	
	Responds to commands: open/close eyes			Y	N
	Gross hearing – Note new onset unilateral hearing deficit; sound sensitivity			R	L
	Say "Ah", palate rises, uvula midline; Stick out tongue: remains midline (note abnormalities)			R	L
	Neglect: one sided extinction (visual, auditory, sensory)			R	L
	Motor: Lift leg. Normal; Abnormal: drift to no effort against gravity			R	L
	Sensory: Focal changes/deficits (face, arms, legs); paresthesias, numbness			R	L
ANS: Sweating only one side			R	L	
Neck stiffness (cannot touch chin to chest; vomiting)					
PMH	<input type="checkbox"/> None <input type="checkbox"/> A-Fib/Flutter <input type="checkbox"/> AVM, tumor, aneurysm <input type="checkbox"/> Bleeding disorders <input type="checkbox"/> CAD/Prior MI/Heart/vascular dx <input type="checkbox"/> Carotid stenosis <input type="checkbox"/> Pregnant (or up to 6 wks. post- partum) <input type="checkbox"/> Depression <input type="checkbox"/> Diabetes <input type="checkbox"/> Drug/Alcohol Abuse <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Family Hx stroke <input type="checkbox"/> HF <input type="checkbox"/> Hormone RT <input type="checkbox"/> HTN <input type="checkbox"/> Migraine <input type="checkbox"/> Obesity <input type="checkbox"/> Previous stroke <input type="checkbox"/> Previous TIA: <input type="checkbox"/> Previous intracranial surgery/bleed <input type="checkbox"/> Serious head trauma <input type="checkbox"/> *Prosthetic valve <input type="checkbox"/> PVD <input type="checkbox"/> Renal failure <input type="checkbox"/> Sleep apnea <input type="checkbox"/> Smoker/tobacco use				
MEDS	Anticoagulant use in 48 hrs: <input type="checkbox"/> warfarin/Coumadin/Jantoven <input type="checkbox"/> apixaban/Eliquis <input type="checkbox"/> argatroban <input type="checkbox"/> dabigatran/Pradaxa <input type="checkbox"/> desirudin/Privask <input type="checkbox"/> edoxaban/Savaysa <input type="checkbox"/> enoxaparin/Lovenox <input type="checkbox"/> fondaparinux/Arixtra <input type="checkbox"/> LMW heparin <input type="checkbox"/> lepirudin/Refludan <input type="checkbox"/> rivaroxaban/Xarelto Platelet inhibitors: <input type="checkbox"/> ASA <input type="checkbox"/> clopidogrel/Plavix <input type="checkbox"/> dipyridamole/Aggrenox <input type="checkbox"/> prasugel/Effient <input type="checkbox"/> ticagrelor/Brilinta <input type="checkbox"/> ticlodipine/Ticlid <input type="checkbox"/> Cocaine/other vasoconstrictors, e.g. amphetamines: PCP				
Destination options:					
<input type="checkbox"/> Nearest hospital:		Patient unstable			
<input type="checkbox"/> Nearest SC (Primary or Comp)		<input type="checkbox"/> Onset/LKW (normal baseline) <3.5 hrs with acute S&S of stroke			
<input type="checkbox"/> Nearest Comprehensive SC		<input type="checkbox"/> Onset/LKW (normal baseline) >3.5 hrs with acute S&S of stroke AND <input type="checkbox"/> Travel time <15 min longer than to nearest PSC			
Stroke alert called to (OLMC hospital)				Time:	
Receiving hospital				Time beyond PSC:	
Comprehensive SCs (Can do thrombectomy up to 24 H after S&S onset) <input type="checkbox"/> ABMC <input type="checkbox"/> LGH <input type="checkbox"/> NCH <input type="checkbox"/> RES					