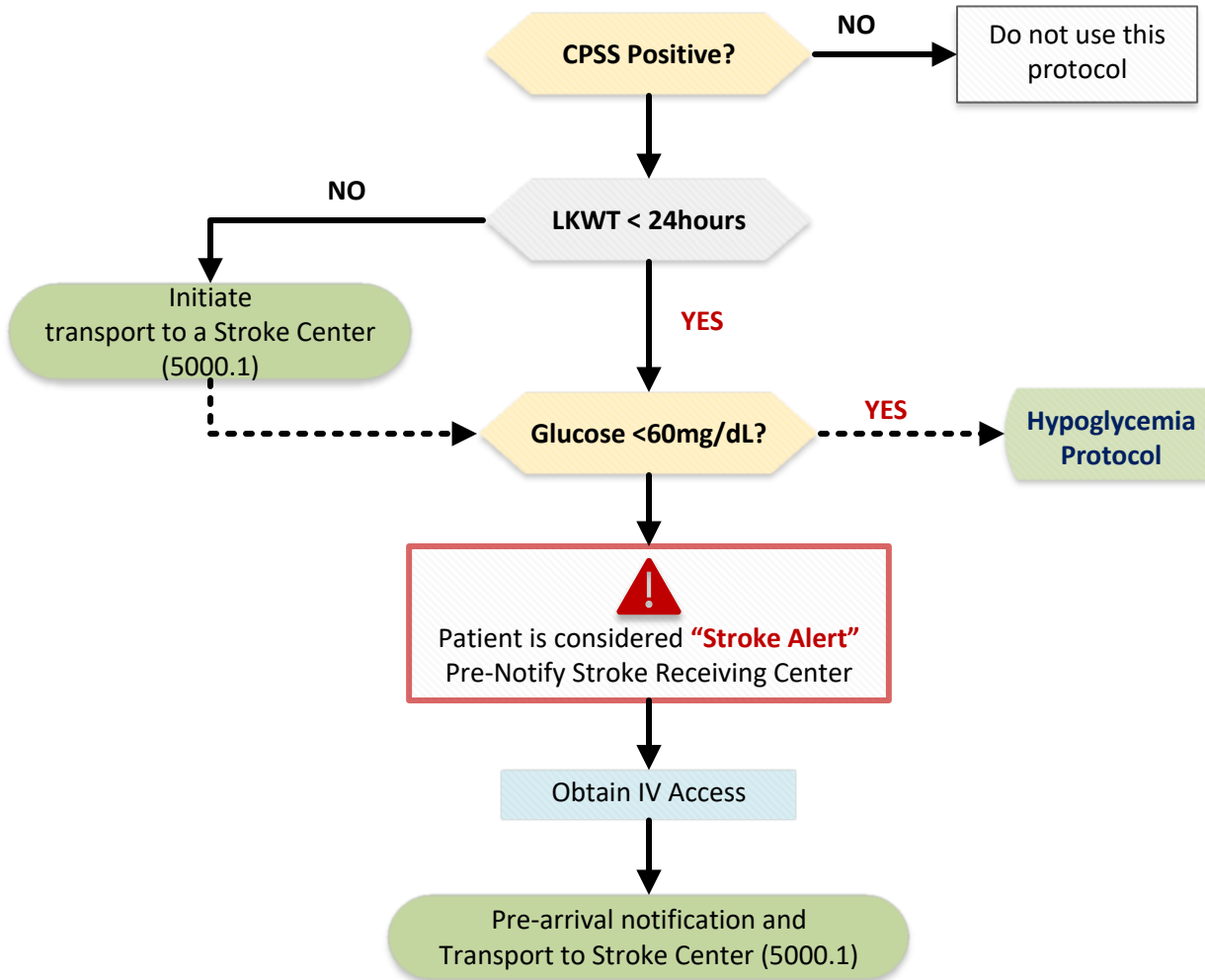


STROKE



DRAFT
PUBLIC
COMMENT JULY
2026

- Assess ABC's, **vital signs**, **Oxygen** PRN (goal >94%)
- Rapidly identify signs of a stroke using the **S-LAMS** (Appendix A)
- Obtain history from reliable patient or bystander/caretaker including:
 - History of recent trauma, seizure, stroke, surgery or hemorrhage
 - Baseline functional status and prior neurologic deficits
 - Medication list, in particular blood thinners
 - "Last known well time" (LKWT)



Comments

- "Last known well time" (LKWT) must be specific. If the patient was last known well prior to bedtime the night before, this is the time to be documented (not the time the patient woke up with symptoms present). If caretaker/family is not accompanying patient to the hospital, obtain their phone number if possible.
- Elevate head of stretcher 30 degrees only if there is concern for aspiration risk and SBP >100mmHg
- For "Stroke Alert" the goal on scene time < 10 minutes
- For patients with signs and symptoms of stroke between 6 - 24 hours, consider not utilizing lights and sirens during transport
- Documentation: Patient Contact, "LKWT", stroke scale, blood glucose, pre-arrival notification

Effective: xxxxx
Supersedes: NEW

APPENDIX A: S- LOS ANGELES MOTOR SCALE (S-LAMS)

| Speech + Los Angeles Motor Scale (S-LAMS) ^{1,2} | | |
|--|-----------|------------------------|
| Facial Droop | 0 | Absent |
| | (+) 1 | Present |
| Arm Drift | 0 | Absent |
| | (+) 1 | One side drifts down |
| | (+) 2 | One side falls rapidly |
| Speech Defecit | 0 | Normal |
| | (+) 1 | Abnormal |
| Grip Strength | 0 | Normal |
| | (+) 1 | One side weak |
| | (+) 2 | One side no grip |
| Total (0-6) | /6 | |

Total ≥ 1 is a suspected **“Stroke Alert”**

Comments

- Detailed instructions:

Facial Droop: Ask the patient to smile and observe for asymmetry or drooping to one side of the face

Arm Drift: Have the patient raise both arms with palms down (45° if lying, 90° if sitting) for 10 seconds and observe for asymmetric weakness or rapid dropping

Speech Defecit: The patient repeats a phrase such as “It’s always sunny in San Francisco.” If the patient says the words without slurring then this is normal.

Grip Strength: Test each hand by having the patient squeeze your fingers and compare strength between sides

- Higher scores (e.g. ≥ 4) may be indicative of a more severe suspected stroke.

[1] Llanes JN, Kidwell CS, Starkman S, Leary MC, Eckstein M, Saver JL. The Los Angeles Motor Scale (LAMS): a new measure to characterize stroke severity in the field. *Prehosp Emerg Care*. 2004 Jan-Mar;8(1):46-50. doi: 10.1080/312703002806. PMID: 14691787.

[2] Brandler ES, Lancet EA, Murphy S, Lai PH, Carrano V, Prezant DJ, Redlener M, Ben-Eli D. Implementation of a Thrombectomy Stroke Center Triage Program in New York City Emergency Medical Services. *Stroke Vasc Interv Neurol*. 2024 Feb 1;4(2):e001117. doi: 10.1161/SVIN.123.001117. PMID: 41583602; PMCID: PMC12778489.