

The Southeast Texas Assessment and Transport Stroke tool (STATS)

Date: _____

Time of Call: _____

Patient Name: _____

CC: _____

Time Last Known Well: _____

BP: _____

Pulse: _____

Glucose: _____

STATS ASSESSMENT

Sudden Unilateral Facial drooping/weakness	Yes	No	
Sudden Unilateral Arm weakness/drift	Yes	No	
Sudden Unilateral Decreased Grip Strength	Yes	No	
Sudden Difficult speech/aphasia	Yes	No	
Blood glucose greater than 60 mg/dl	Yes	No	Treat BG according to agency protocol then re-evaluate

If you answered "yes" to one or more of questions above, your patient might be having a stroke.

To determine closest, most appropriate facility, answer the questions below:

STATS TRANSPORT DECISION CRITERIA

- | | | |
|--|-----|----|
| 1) GCS less than 9 | Yes | No |
| 2) Asymmetric pupils | Yes | No |
| 3) Sudden severe headache (w/no known cause) | Yes | No |
| 4) Severe one-sided weakness | Yes | No |
| A) Patient has one or more of the signs/symptoms listed in 1-4,
AND | | |
| B) <u>Diversion</u> to Comprehensive (Level 1) Stroke Center will NOT extend transport by more than 15 minutes . | | |

If "YES" to both criteria: Immediately transport patient to the closest Comprehensive (*Level 1*) Stroke Center

Enroute, call receiving hospital with "CODE STROKE" and follow your treatment protocol.