



OCMCA Stroke Systems of Care Special Study FAST-ED Scenario Guide

Format: Practical

The intent and purpose of this document is to guide EMS providers with the use of FAST-ED during a simulated patient encounter. The OCMCA recommends using this guide in conjunction with the following OCMCA Digital CE Sponsorship Lesson Plans:

CE Title: Managing Adult Medical Patients

CE Description: The purpose of this EMS continuing education (CE) session is to practice adult patient assessment and management skills during simulated medical emergencies. Students will assess and treat the simulated patients according to their individual license level.

There are two versions of this course. One is designed to last 25-30 minutes. The other is designed to last 50-60 minutes. The OCMCA CE Sponsorship course codes and credit categories are listed below.

- **CE-5070-150- 5 - Medical** - Credits: MFR: 1 P EMT: 1 P SPEC: 1 P EMT-P: 1 P I/C: 0
- **CE-5070-150- 5 - Medical** - Credits: MFR: 0.5 P EMT: 0.5 P SPEC: 0.5 P EMT-P: 0.5 P I/C: 0



OCMCA Education Task Force FAST-ED Scenarios



Stroke Special Study Skill Verification Form

Tasks: Specific and measurable actions/objectives	Perform all essential elements of Stroke Special Study Protocol as outlined in this skill sheet.
Conditions: Variables that contribute to completion of the tasks	Given a simulated patient with an acute onset neurological complaint, EMS provider(s), an applicable scenario, and EMS equipment provided by the instructor.
Standards: Protocols that are applicable to completion of the tasks	Applicable protocol(s): <ul style="list-style-type: none"> • Stroke Special Study Protocol • Patient Assessment Protocol 5-21 • Altered Mental Status Protocol 1-3 • Seizure Protocol 1-16

Tasks	(✓) If completed
Assess for life threats to the airway, breathing, and circulation.	
Determine nature of illness, "new onset neurological complaint."	
Screens for stroke and rates stroke severity by utilizing FAST-ED:	
1. Facial Palsy: Checks for facial weakness by asking the patient to show you their teeth or smile.	
2. Arm Weakness: Checks for arm weakness by asking the patient to extend both arms with palms up out in front of them, close their eyes, and hold them there for a count of 10.	
1. Speech Changes: <ul style="list-style-type: none"> • Dysarthria: Checks for slurred speech or an inability to speak by asking the patient to repeat a simple phrase, for example, "The sky is blue in Michigan." • Aphasia: <ul style="list-style-type: none"> a. Checks for expressive aphasia: Shows the patient 3 common items and ask them to name them. b. Checks for receptive aphasia: Asks the patient to show him/her two fingers. 	
2. Time: Attempts to determine the time: <ul style="list-style-type: none"> • The patient was last-known-well. • Signs and symptoms of stroke were first discovered. 	
3. Eye deviation: Checks for eye deviation to either side and scores deficit appropriately.	
4. Denial/Neglect: Checks for denial/neglect and scores correctly. (Only if patient can answer questions and follow commands)	
5. Establishes a differential diagnosis of stroke by attempting to rule out stroke mimics.	
6. Provides minimum oxygen necessary to maintain an SPO2 of $\geq 94\%$.	
7. If FAST-ED score indicates LVO, positions patient supine to support collateral blood flow.	
8. Obtains vital signs and SAMPLE history, including blood thinner medication usage.	
9. Notifies receiving hospital of, " STROKE ALERT ," and includes all information, listed below: <ul style="list-style-type: none"> • FAST-ED score and list the neuro deficits identified. • Last-known-well date and time. <ul style="list-style-type: none"> a. The date and time at which the patient was last known to be without the signs and symptoms of the current stroke or at his or her prior baseline. b. Date and time of symptom discovery. • Blood thinner usage: <ul style="list-style-type: none"> • Includes name of medication and date/time of last dosage, if known. • Estimated time of arrival (ETA) 	
12. Verbalizes that an 18G IV in an antecubital vein would be obtained en route.	
13. Verbalizes a 12 lead ECG would be obtained en route.	

Passed: <input type="checkbox"/>	Needs Remediation: <input type="checkbox"/>	Scenario:
Name:		Date:
Evaluator Name:		Instructor Signature:



OCMCA Education Task Force FAST-ED Scenarios



Scenario #1:

Dispatched: Dispatched to a patient with one-sided weakness.

Arrive to find: A 55 year-old male patient sitting in his living room. The patient's wife states that the patient was found in this condition after she returned home from shopping. The patient has obvious left-sided weakness and slurred speech.

FAST-ED Stroke Severity Scale: This patient has a score of 5 as referenced in the completed "FAST-ED Stroke Severity Scale Scoring Checklist - Proctor Template," provided on the next page. Students should arrive at the same score as they complete their own OCMCA FAST-ED Stroke Severity Scale Scoring Checklist.

Symptoms demonstrated by the simulated patient include:

- Facial Palsy: 1 – The left side of the face droops and is clearly asymmetric.
- Arm Weakness: 2 – The left arm falls rapidly.
- Dysarthria: Yes – The patient is able to repeat a simple phrase. Slurred speech is present.
- Expressive Aphasia: 0 – The patient has slurred speech but is able to name 2-3 items correctly.
- Receptive Aphasia: 0 – The patient is able to follow simple commands.
- Eye Deviation: 2 – Eyes are deviated to one side and do not move to the other side. **(Right side)**
- Anosognosia: 0 – Patient recognizes the weakness in his left arm.
- Asomatognosia: 0 – Patient recognizes his/her weak arm.

Last Known Well: The patient's wife states the patient was symptom free at 08:00 hours today.

Time of Symptom Discovery: The patient's wife discovered the patient at 11:00 hours today.

Blood thinner usage: Eliquis. Last dose was yesterday morning.

Vital Signs:

- Mental Status: Alert and oriented times 4
- Pulse: 82 strong and regular
- Blood pressure: 146/88 via NIBP
- Respirations: 16 non-labored
- Pulse oximetry: 95% room air
- Blood glucose: 78
- ECG: Sinus rhythm without ectopy

Stroke Alert: A student should deliver the stroke alert utilizing a training profile on the 800 MHz radio. An instructor will serve as the hospital for the scenario.

The report must include the following information:

- Stroke Alert
- FAST-ED score and neurological deficits noted
- Last known well date and time
- Date and time of symptom discovery
- Blood thinner usage
- ETA



OCMCA Education Task Force FAST-ED Scenarios



Scenario #1: FAST-ED Stroke Severity Scale Scoring Checklist - Proctor Template

OCMCA FAST-ED Stroke Severity Scale Scoring Checklist	
Last-known-well date and time: Today's date 08:00 hours	
Symptom discovery date and time: Today's date 11:00 hours	
Assessment Items	Score
Facial Palsy	
1. Both sides of the face move equally or not at all.	0
2. One side of the face droops or is clearly asymmetric.	1
Arm Weakness	
1. Both arms remain up for >10 seconds or slowly move down equally.	0
2. Patient can raise arms but one arm drifts down in <10 seconds.	1
3. One or both arms fall rapidly, cannot be lifted up, or no movement occurs at all.	2
Speech Changes	
Dysarthria	
1. Patient is able to repeat a simple phrase: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Expressive Aphasia	
1. Normal, or only slurring. Names 2 to 3 items correctly.	0
2. Names only 0 - 1 items correctly.	1
Receptive Aphasia	
1. Normal, patient is able to follow simple commands.	0
2. Unable to follow simple commands.	1
Eye Deviation	
1. No deviation, eyes move equally to both sides.	0
2. Patient has clear difficulty when looking to one side (left or right).	1
3. Eyes are deviated to one side and do not move to the other side. (Right)	2
Denial/Neglect	
Anosognosia	
1. Patient recognizes the weakness in his/her weak arm.	0
2. Patient does NOT recognize the weakness in his/her weak arm.	1
Asomatognosia	
1. Patient recognizes his/her weak arm.	0
2. Patient does NOT recognize his/her weak arm.	1
Total Score: (A FAST-ED score greater than or equal to 4 indicates a high likelihood of LVO stroke.)	5



OCMCA Education Task Force FAST-ED Scenarios



Scenario #2:

Dispatched: Dispatched to a patient with slurred speech.

Arrive to find: A 70 year-old male patient sitting at his kitchen table. The patient's wife states she came home from book club and noticed her husband's speech was slurred.

FAST-ED Stroke Severity Scale: This patient has a score of 5 as referenced in the "FAST-ED Stroke Severity Scale Scoring Checklist - Proctor Template," provided on the next page.

Symptoms demonstrated by the simulated patient include:

- Facial Palsy: 1 – The left side of the face droops and is clearly asymmetric.
- Arm Weakness: 2 – The left arm falls rapidly.
- Dysarthria: Yes – The patient is able to repeat a simple phrase. Slurred speech is present.
- Expressive Aphasia: 0 – The patient has slurred speech but is able to name 2-3 items correctly.
- Receptive Aphasia: 0 – The patient is able to follow simple commands.
- Eye Deviation: 0 – No deviation, eyes move equally to both sides.
- Anosognosia: 1 – Patient does NOT recognize the weakness in his left arm.
- Asomatognosia: 1 – Patient does NOT recognize his/her weak arm.

Last Known Well: The patient's wife states the patient was symptom free at 09:15 hours today

Time of Symptom Discovery: The patient's wife discovered the patient at 10:20 hours today.

Vital Signs:

- Mental Status: Alert
- Pulse: 78 strong and irregular
- Blood pressure: 154/86 via NIBP
- Respirations: 14 non-labored
- Pulse oximetry: 95% room air
- Blood glucose: 124
- ECG: Atrial fibrillation

Next of Kin: Wife's name is Dorothy Smith contact number 248-877-2000

Stroke Alert: A student should deliver the stroke alert utilizing a training profile on the 800 MHz radio. An instructor will serve as the hospital for the scenario.

The report must include the following information:

- Stroke Alert
- FAST-ED score and neurological deficits noted
- Last known well date and time
- Date and time of symptom discovery
- Blood thinner usage
- ETA



OCMCA Education Task Force FAST-ED Scenarios



Scenario #2: FAST-ED Stroke Severity Scale Scoring Checklist - Proctor Template

OCMCA FAST-ED Stroke Severity Scale Scoring Checklist	
Last-known-well date and time: Today's date 09:15 hours	
Symptom discovery date and time: Today's date 10:20 hours	
Assessment Items	Score
Facial Palsy	
1. Both sides of the face move equally or not at all.	0
2. One side of the face droops or is clearly asymmetric.	1
Arm Weakness	
1. Both arms remain up for >10 seconds or slowly move down equally.	0
2. Patient can raise arms but one arm drifts down in <10 seconds.	1
3. One or both arms fall rapidly, cannot be lifted up, or no movement occurs at all.	2
Speech Changes	
Dysarthria	
1. Patient is able to repeat a simple phrase: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Expressive Aphasia	
1. Normal, or only slurring. Names 2 to 3 items correctly.	0
2. Names only 0 - 1 items correctly.	1
Receptive Aphasia	
1. Normal, patient is able to follow simple commands.	0
2. Unable to follow simple commands.	1
Eye Deviation	
1. No deviation, eyes move equally to both sides.	0
2. Patient has clear difficulty when looking to one side (left or right).	1
3. Eyes are deviated to one side and do not move to the other side.	2
Denial/Neglect	
Anosognosia	
1. Patient recognizes the weakness in his/her weak arm.	0
2. Patient does NOT recognize the weakness in his/her weak arm.	1
Asomatognosia	
1. Patient recognizes his/her weak arm.	0
2. Patient does NOT recognize his/her weak arm.	1
Total Score: (A FAST-ED score greater than or equal to 4 indicates a high likelihood of LVO stroke.)	5



OCMCA Education Task Force FAST-ED Scenarios



Scenario #3:

Dispatched: Dispatched to an unknown medical at a library.

Arrive to find: A 44 year-old female patient sitting in a chair with a book in her lap. The librarian states the patient is not acting appropriately. The librarian initially thought the patient was drowsy but immediately called 911 when she noticed the patient had facial droop.

FAST-ED Stroke Severity Scale: This patient has a score of 5 as referenced in the "FAST-ED Stroke Severity Scale Scoring Checklist - Proctor Template," provided on the next page.

Symptoms demonstrated by the simulated patient include:

- Facial Palsy: 1 – The right side of the face droops and is clearly asymmetric.
- Arm Weakness: 2 – The right arm falls rapidly.
- Dysarthria: No – The patient is NOT able to repeat a simple phrase. Slurred speech is present.
- Expressive Aphasia: 1 – The patient is not able to name any of the items
- Receptive Aphasia: 1 – The patient is unable to follow simple commands.
- Eye Deviation: 0 – No deviation, eyes move equally to both sides.
- Anosognosia: 0 – Patient recognizes the weakness in his/her weak arm. (NA)
- Asomatognosia: 0 – Patient recognizes his/her weak arm. (NA)

Last Known Well: The librarian states she helped the patient locate a book at 10:15 hours today and the patient was acting normal.

Time of Symptom Discovery: The librarian states she noticed the patient was not acting appropriately and had facial droop at 11:50 hours.

Vital Signs:

- Mental Status: Alert
- Pulse: 64 strong and regular
- Blood pressure: 174/92 via NIBP
- Respirations: 16 non-labored
- Pulse oximetry: 98% room air
- Blood glucose: 144
- ECG: Normal sinus rhythm.

Next of Kin: The librarian is able to look up the patient's name in the library computer. The husband's name is John Smith. His contact number is 248-777-0000.

Stroke Alert: A student should deliver the stroke alert utilizing a training profile on the 800 MHz radio. An instructor will serve as the hospital for the scenario.

The report must include the following information:

- Stroke Alert
- FAST-ED score and neurological deficits noted
- Last known well date and time
- Date and time of symptom discovery
- Blood thinner usage
- ETA



OCMCA Education Task Force FAST-ED Scenarios



Scenario #3: FAST-ED Stroke Severity Scale Scoring Checklist - Proctor Template

OCMCA FAST-ED Stroke Severity Scale Scoring Checklist	
Last-known-well date and time: Today's date 10:15 hours	
Symptom discovery date and time: Today's date 11:50 hours	
Assessment Items	Score
Facial Palsy	
1. Both sides of the face move equally or not at all.	0
2. One side of the face droops or is clearly asymmetric.	1
Arm Weakness	
1. Both arms remain up for >10 seconds or slowly move down equally.	0
2. Patient can raise arms but one arm drifts down in <10 seconds.	1
3. One or both arms fall rapidly, cannot be lifted up, or no movement occurs at all.	2
Speech Changes	
Dysarthria	
1. Patient is able to repeat a simple phrase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Expressive Aphasia	
1. Normal, or only slurring. Names 2 to 3 items correctly.	0
2. Names only 0 - 1 items correctly.	1
Receptive Aphasia	
1. Normal, patient is able to follow simple commands.	0
2. Unable to follow simple commands.	1
Eye Deviation	
1. No deviation, eyes move equally to both sides.	0
2. Patient has clear difficulty when looking to one side (left or right).	1
3. Eyes are deviated to one side and do not move to the other side.	2
Denial/Neglect	
Anosognosia	
1. Patient recognizes the weakness in his/her weak arm.	0
2. Patient does NOT recognize the weakness in his/her weak arm.	1
Asomatognosia	
1. Patient recognizes his/her weak arm.	0
2. Patient does NOT recognize his/her weak arm.	1
Total Score: (A FAST-ED score greater than or equal to 4 indicates a high likelihood of LVO stroke.)	5



OCMCA Education Task Force FAST-ED Scenarios



Scenario #4:

Dispatched: Dispatched to possible stroke at a residence.

Arrive to find: A 50 year-old male patient lying on the floor in a bathrobe. The patient's wife states that she left to run errands that morning, came home and found him lying on the floor unable to get up.

FAST-ED Stroke Severity Scale: This patient has a score of 5 as referenced in the "FAST-ED Stroke Severity Scale Scoring Checklist - Proctor Template," provided on the next page.

Symptoms demonstrated by the simulated patient include:

- Facial Palsy: 1 – The right side of the face droops and is clearly asymmetric.
- Arm Weakness: 2 – The right arm falls rapidly.
- Dysarthria: No – Patient is NOT able to repeat a simple phrase. (The patient does not respond verbally)
- Expressive Aphasia: 1 – The patient is not able to name any of the items. (The patient is non-verbal)
- Receptive Aphasia: 0 – Normal, patient is able to follow simple commands.
- Eye Deviation: 1 – Patient has clear difficulty when looking to one side. (**Right side**)
- Anosognosia: 0 – Patient recognizes the weakness in his/her weak arm. (NA)
- Asomatognosia: 0 – Patient recognizes his/her weak arm. (NA)

Last Known Well: The patient's wife states that the patient was behaving normal at 08:00 when she left in the morning. She returned home at 12:30 to find him on the floor, she called 911 immediately when she couldn't help him up off of the floor.

Time of Symptom Discovery: The wife states she returned home at 12:30, which is when she discovered the symptoms.

Vital Signs:

- Mental Status: Alert
- Pulse: 72 strong and regular
- Blood pressure: 132/99 via NIBP
- Respirations: 12 non-labored
- Pulse oximetry: 94% room air
- Blood glucose: 102 mg/dL
- ECG: Normal sinus rhythm.

Next of Kin: The wife states she would like to follow the ambulance in her personal vehicle. The student should document her name and cell phone number.

Stroke Alert: A student should deliver the stroke alert utilizing a training profile on the 800 MHz radio. An instructor will serve as the hospital for the scenario.

The report must include the following information:

- Stroke Alert
- FAST-ED score and neurological deficits noted
- Last known well date and time
- Date and time of symptom discovery
- Blood thinner usage
- ETA



OCMCA Education Task Force FAST-ED Scenarios



Scenario #4: FAST-ED Stroke Severity Scale Scoring Checklist - Proctor Template

OCMCA FAST-ED Stroke Severity Scale Scoring Checklist	
Last-known-well date and time: Today's date 08:00 hours	
Symptom discovery date and time: Today's date 13:30 hours	
Assessment Items	Score
Facial Palsy	
1. Both sides of the face move equally or not at all.	0
2. One side of the face droops or is clearly asymmetric.	1
Arm Weakness	
1. Both arms remain up for >10 seconds or slowly move down equally.	0
2. Patient can raise arms but one arm drifts down in <10 seconds.	1
3. One or both arms fall rapidly, cannot be lifted up, or no movement occurs at all.	2
Speech Changes	
Dysarthria	
1. Patient is able to repeat a simple phrase: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Expressive Aphasia	
1. Normal, or only slurring. Names 2 to 3 items correctly.	0
2. Names only 0 - 1 items correctly.	1
Receptive Aphasia	
1. Normal, patient is able to follow simple commands.	0
2. Unable to follow simple commands.	1
Eye Deviation	
1. No deviation, eyes move equally to both sides.	0
2. Patient has clear difficulty when looking to one side (left or right).	1
3. Eyes are deviated to one side and do not move to the other side.	2
Denial/Neglect	
Anosognosia	
1. Patient recognizes the weakness in his/her weak arm.	0
2. Patient does NOT recognize the weakness in his/her weak arm.	1
Asomatognosia	
1. Patient recognizes his/her weak arm.	0
2. Patient does NOT recognize his/her weak arm.	1
Total Score: (A FAST-ED score greater than or equal to 4 indicates a high likelihood of LVO stroke.)	5



OCMCA Education Task Force FAST-ED Scenarios



Scenario #5:

Dispatched: Dispatched to possible stroke at a residence.

Arrive to find: A 55 year-old male patient is seated in bed watching college football. The patient's teenage daughter states that she found him in bed slurring his speech.

FAST-ED Stroke Severity Scale: This patient has a score of 3 as referenced in the "FAST-ED Stroke Severity Scale Scoring Checklist - Proctor Template," provided on the next page.

Symptoms demonstrated by the simulated patient include:

- Facial Palsy: 1 – The right side of the face droops and is clearly asymmetric.
- Arm Weakness: 2 – The right arm falls rapidly.
- Dysarthria: Yes – Patient is able to repeat a simple phrase. The patient slurs his speech.
- Expressive Aphasia: 0 – Normal, or only slurring. Names 2 to 3 items correctly.
- Receptive Aphasia: 0 – The patient is able to follow simple commands.
- Eye Deviation: 0 – No deviation, eyes move equally to both sides.
- Anosognosia: 0 – Patient recognizes the weakness in his/her weak arm.
- Asomatognosia: 0 – Patient recognizes his/her weak arm.

Last Known Well: The patient's daughter states that the patient was behaving normally at 12:00 when the game started, she checked with him to see how the game was going at 13:00, that's when she noticed he was slurring his speech.

Time of Symptom Discovery: The daughter states she noted slurred speech at 13:00.

Vital Signs:

- Mental Status: Alert
- Pulse: 100 strong and irregular
- Blood pressure: 146/94 via NIBP
- Respirations: 16 non-labored
- Pulse oximetry: 99% room air
- Blood glucose: 138 mg/dL
- ECG: Normal sinus with PACs.

Next of Kin: The daughter states she would like to ride in the ambulance to hospital with her dad. She is able to give you her mom's phone number. Her mom is in Las Vegas, Nevada at a work conference.

Stroke Alert: A student should deliver the stroke alert utilizing a training profile on the 800 MHz radio. An instructor will serve as the hospital for the scenario.

The report must include the following information:

- Stroke Alert
- FAST-ED score and neurological deficits noted
- Last known well date and time
- Date and time of symptom discovery
- Blood thinner usage
- ETA



OCMCA Education Task Force FAST-ED Scenarios



Scenario #5: FAST-ED Stroke Severity Scale Scoring Checklist - Proctor Template

OCMCA FAST-ED Stroke Severity Scale Scoring Checklist	
Last-known-well date and time: Today's date 12:00 hours	
Symptom discovery date and time: Today's date 13:00 hours	
Assessment Items	Score
Facial Palsy	
1. Both sides of the face move equally or not at all.	0
2. One side of the face droops or is clearly asymmetric.	1
Arm Weakness	
1. Both arms remain up for >10 seconds or slowly move down equally.	0
2. Patient can raise arms but one arm drifts down in <10 seconds.	1
3. One or both arms fall rapidly, cannot be lifted up, or no movement occurs at all.	2
Speech Changes	
Dysarthria	
1. Patient is able to repeat a simple phrase: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Expressive Aphasia	
1. Normal, or only slurring. Names 2 to 3 items correctly.	0
2. Names only 0 - 1 items correctly.	1
Receptive Aphasia	
1. Normal, patient is able to follow simple commands.	0
2. Unable to follow simple commands.	1
Eye Deviation	
1. No deviation, eyes move equally to both sides.	0
2. Patient has clear difficulty when looking to one side (left or right).	1
3. Eyes are deviated to one side and do not move to the other side.	2
Denial/Neglect	
Anosognosia	
1. Patient recognizes the weakness in his/her weak arm.	0
2. Patient does NOT recognize the weakness in his/her weak arm.	1
Asomatognosia	
1. Patient recognizes his/her weak arm.	0
2. Patient does NOT recognize his/her weak arm.	1
Total Score: (A FAST-ED score greater than or equal to 4 indicates a high likelihood of LVO stroke.)	3



OCMCA Education Task Force FAST-ED Scenarios



Scenario #6:

Dispatched: Dispatched to possible stroke at a residence.

Arrive to find: A 63 year-old male patient is lying in an in-home hospital bed with family gathered around him. The patient's family called 911 because they think he is having a stroke.

FAST-ED Stroke Severity Scale: This patient has a score of 7 as referenced in the "FAST-ED Stroke Severity Scale Scoring Checklist - Proctor Template," provided on the next page.

Symptoms demonstrated by the simulated patient include:

- Facial Palsy: 1 – The right side of the face droops and is clearly asymmetric.
- Arm Weakness: 2 – The patient is unable to lift either arm.
- Dysarthria: No – Patient is NOT able to repeat a simple phrase. The patient moans and groans only.
- Expressive Aphasia: 1– Names only 0 - 1 items correctly. The patient can only moan and groan.
- Receptive Aphasia: 1 – The patient is unable to follow simple commands.
- Eye Deviation: 2 – Eyes are deviated to one side and do not move to the other side. **(Left)**
- Anosognosia: 0 – Patient recognizes the weakness in his/her weak arm. **(NA)**
- Asomatognosia: 0 – Patient recognizes his/her weak arm. **(NA)**

Last Known Well: Patient was behaving normally this morning when his wife left for work around 7 am. She returned at 6 pm to find him with an altered LOC.

Relevant history: The patient's wife states that he receives in home nursing care. The patient had his right leg amputated about 6 months ago due to complications of uncontrolled diabetes. The patient also has an indwelling urinary catheter and is prone to UTIs. The patient presents with a repetitive twitching motion of his head and upper body that the family states is not normal for him. The patient does not have a history of seizures.

Time of Symptom Discovery: The patient's wife states she noted his current condition at 18:00 and immediately called 911.

Vital Signs:

- Mental Status: Alert, but mostly non-verbal. Can only moan and groan.
- Pulse: 130 weak and regular
- Blood pressure: 96/60 via NIBP
- Respirations: 22 non-labored
- Pulse oximetry: 94% room air
- Blood glucose: 182 mg/dL
- Temperature: 102.1 F
- ECG: Sinus Tachycardia

Blood thinners: Plavix 75 mg x 1/day

Next of Kin: The wife rides to the hospital with the patient, if asked.

Stroke Alert: The student should deliver the pre-hospital notification utilizing a training profile on the 800 MHz radio. A primary impression of sepsis should be relayed to the receiving hospital. This patient should NOT be called in as a "stroke alert" due to the evidence that indicates this is stroke mimic. An instructor will serve as the hospital for the scenario.

The report must include the following information:

- Neurological deficits noted
- Last known well date and time
- Vital signs and relevant history
- Date and time of symptom discovery
- Blood thinner usage
- ETA



OCMCA Education Task Force FAST-ED Scenarios



Scenario #6: FAST-ED Stroke Severity Scale Scoring Checklist - Proctor Template

OCMCA FAST-ED Stroke Severity Scale Scoring Checklist	
Last-known-well date and time: Today's date 12:00 hours	
Symptom discovery date and time: Today's date 13:00 hours	
Assessment Items	Score
Facial Palsy	
3. Both sides of the face move equally or not at all.	0
4. One side of the face droops or is clearly asymmetric.	1
Arm Weakness	
4. Both arms remain up for >10 seconds or slowly move down equally.	0
5. Patient can raise arms but one arm drifts down in <10 seconds.	1
6. One or both arms fall rapidly, cannot be lifted up, or no movement occurs at all.	2
Speech Changes	
Dysarthria	
2. Patient is able to repeat a simple phrase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Expressive Aphasia	
3. Normal, or only slurring. Names 2 to 3 items correctly.	0
4. Names only 0 - 1 items correctly.	1
Receptive Aphasia	
3. Normal, patient is able to follow simple commands.	0
4. Unable to follow simple commands.	1
Eye Deviation	
4. No deviation, eyes move equally to both sides.	0
5. Patient has clear difficulty when looking to one side (left or right).	1
6. Eyes are deviated to one side and do not move to the other side. (Right)	2
Denial/Neglect	
Anosognosia	
3. Patient recognizes the weakness in his/her weak arm.	0
4. Patient does NOT recognize the weakness in his/her weak arm.	1
Asomatognosia	
3. Patient recognizes his/her weak arm.	0
4. Patient does NOT recognize his/her weak arm.	1
Total Score: (A FAST-ED score greater than or equal to 4 indicates a high likelihood of LVO stroke.)	7