

American CME FAST-ED Scoring Checklist

Patient Name: _____ DOB: / /

Last-known-well date and time: / / @ :

Symptom discovery date and time: / / @ :

Assessment Items	Score
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Facial Palsy – Ask the patient to show their teeth or smile.

- | | |
|--|---|
| 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 – Ask 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. 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, or no movement occurs at all. | 2 |

Speech Changes

Dysarthria – Ask the patient to repeat the phrase: *“The sky is blue in Michigan.”*

Is slurred speech present? (circle one) Yes No

Expressive Aphasia – Ask the patient to name 3 common items.

- | | |
|--------------------------------------|---|
| 1. Names 2 to 3 items correctly. | 0 |
| 2. Names only 0 - 1 items correctly. | 1 |

Receptive Aphasia – Ask the patient to perform a simple command.
Example: Ask the patient, *“show me two fingers.”*

- | | |
|---|---|
| 1. Normal, patient can follow the simple command. | 0 |
| 2. Unable to follow the simple command. | 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 – (Do not perform if expressive or receptive aphasia is present)

Anosognosia – Show the patient their affected arm and ask, *“Do you feel weakness in this arm?”*

- | | |
|--|---|
| 1. Patient recognizes the weakness in their weak arm. | 0 |
| 2. Patient does NOT recognize the weakness in their weak arm. | 1 |

Asomatognosia – Show the patient their affected arm and ask, *“Whose arm is this?”*

- | | |
|--|---|
| 1. Patient recognizes their weak arm. | 0 |
| 2. Patient does NOT recognize their weak arm. | 1 |

A FAST-ED score greater than or equal to 4 indicates a high likelihood of LVO stroke	Total Score	
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Notes:

Does the patient have a previous history of stroke? (circle one): Yes No

Anticoagulant Medication Use

Anticoagulants	No	Yes	If yes, document the date and time of last dose, if available	
Coumadin/Warfarin			Date: / /	Time: :
Pradaxa/Dabigatran			Date: / /	Time: :
Eliquis/Apixaban			Date: / /	Time: :
Xarelto/Rivaroxaban			Date: / /	Time: :
Savaysa/Edoxaban			Date: / /	Time: :
Heparin/Enoxaparin			Date: / /	Time: :
Other anticoagulant:			Date: / /	Time: :

Unable to obtain a list of medications for this patient

Vital Signs

Time	
Blood Pressure	
Heart Rate	
Breathing Rate	
SpO2	
Blood Sugar	

Next of kin information

Name	Relationship	Phone number