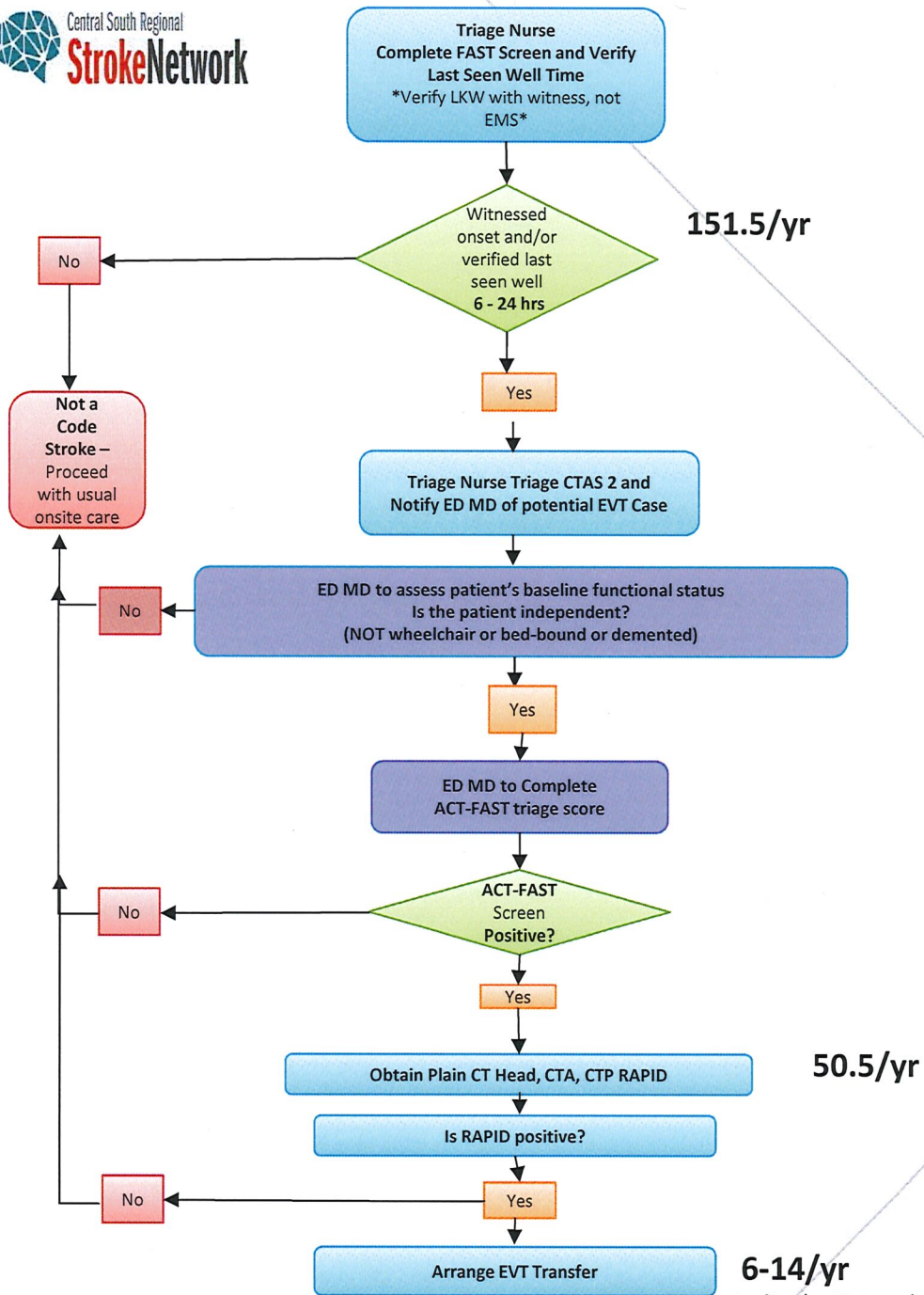


# GRH 6-24 Hours Code Stroke Protocol



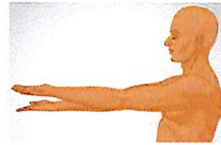
Adapted from Toronto Stroke Network Screening Algorithm for Walk-in Code



February 21, 2019

Stroke Protocol – 2018 – 11-15

# ACT- FAST Stroke screen

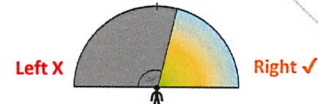


**“ARM” (one-sided arm weakness)**  
Position both arms at 45 degrees from the horizontal with elbows straight

**POSITIVE TEST**  
One arm falls completely within 10 seconds of being held up.

For patients that are uncooperative or cannot follow commands:  
Witness minimal or no movements in one arm & movement in the other arm

Proceed if Positive



**If RIGHT ARM is weak**

**“CHAT” (severe language deficit)**

Ask the patient to repeat “You can’t teach an old dog new tricks” OR perform simple tasks (“make a fist”, “open and close your eyes”)

**POSITIVE TEST**  
Mute, Speaking incomprehensibly, unable to follow simple commands

**If LEFT ARM is weak**

**“TAP” (gaze and shoulder tap test)**

Stand on patient’s weak side & call name

**POSITIVE TEST** – Consistent gaze to the RIGHT

OR

Tap shoulder & call name

**POSITIVE TEST** - does not quickly turn head and eyes to you

Proceed if Positive

OBTAIN LATE WINDOW STROKE IMAGING  
(CT, CTA and CTP RAPID)

RAPID Positive?  
Activate Code Stroke