Stroke Alert and Contraindication List

Patient Name:

DOB:

Call time/Date:

At least 1 of the following less than 6 hours ago:

- Eyes
- Arm drift
- Balance
- Facial droop
- Speech

Contraindications (All must be NO)	**Yes**	**No**
Known active internal bleeding		
History of hemorrhagic brain tumor		
Clotting or bleeding disorder		
Known intracranial hemorrhage		
Major surgery within 14 days		
Current head trauma		
Seizure disorder		
BS <50 or >400		

Notes and best practices checklist

- A patient must be positive for IBFAST and negative for all contraindications to call a stroke alert
- If a patient is positive for IBFAST, but has a contraindication, the specific contraindication(s) should be mentioned to the receiving hospital during the call-in report so the facility may decide on activating an alert internally
- Obtain an accurate weight from family members or patient if possible
- When possible, bring someone with the patient who can provide an accurate history of the event and patient information
  - If no one can accompany the patient, obtain a phone number where they can be contacted
- Initiate transport:
  - Patient's choice
  - Closest appropriate receiving facility