



Los Angeles Prehospital Stroke Screen (LAPSS)



1. Patient Name: _____
(last name) (first name)

2. Information/History from: Patient Family Member Other

(name - if other than patient) (phone)

3. Last known time patient was at baseline or deficit free and awake:

(military time) (date)

SCREENING CRITERIA

	Yes	Unknown	No
4. Age > 45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. History of seizures or epilepsy absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Symptom duration less than 24 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. At baseline, patient is not wheelchair bound or bedridden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Blood glucose between 60 and 400	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Exam: LOOK FOR OBVIOUS ASYMMETRY			
	Normal	Right	Left
Facial smile/grimace	<input type="checkbox"/>	<input type="checkbox"/> Droop	<input type="checkbox"/> Droop
Hand grip	<input type="checkbox"/>	<input type="checkbox"/> Weak	<input type="checkbox"/> Weak
		<input type="checkbox"/> No grip	<input type="checkbox"/> No grip
Arm strength	<input type="checkbox"/>	<input type="checkbox"/> Drifts dn	<input type="checkbox"/> Drifts dn
		<input type="checkbox"/> Falls fast	<input type="checkbox"/> Falls fast

Based on exam, patient has only unilateral (not bilateral) weakness: YES NO

10. Items 4, 5, 6, 7, 8, 9 all YES's (or unknown) --- LAPSS screening criteria met:

YES NO

11. If LAPSS criteria for stroke are met, alert the receiving hospital of a possible stroke patient. If not, then return to the appropriate treatment protocol.

(Note: the patient may be experiencing a stroke even if the LAPSS criteria are not met.)

12. Time LAPSS Exam Performed: Military Time: _____

13. Form Completed by: _____