

**B****BALANCE**

Loss of Balance, Dizziness

**E****EYES**

Vision Changes

**F****FACE**

Drooping, Severe Headache

**A****ARMS**

Weakness, Numbness

**S****SPEECH**

Trouble Speaking, Confusion

**T****TIME**

Symptom Onset, LKW

**VAN Assessment**

Extend arms with palms up for 10 seconds. Is arm weakness present?

**Yes:** Continue VAN**No:** VAN negative. Exam Finished

<b>V</b> ISION	• Vision loss or uneven eyes? (Tip: Gaze away from weakness)	<input type="checkbox"/>
	• Forced gaze/unable to track? <i>Ask patient to follow your finger Rt to Lt</i>	<input type="checkbox"/>
	• Visual field cut or blind? <i>Ask pt. to look at your nose Hold 2 fingers on Lt, 1 on Rt Ask pt. to count total fingers</i>	<input type="checkbox"/>
	• Crossed/uneven eyes? <i>Observe for uneven/crossed eyes (pt. may complain of double vision)</i>	<input type="checkbox"/>
<b>A</b> PHASIA	• Inability to talk or follow commands? (Tip: with right weakness)	<input type="checkbox"/>
	• Expressive? <i>Ask pt. to name 2 objects (pen, shirt, etc.) Ask pt. to repeat: "The sky is blue in Miles City" (don't count slurred words)</i>	<input type="checkbox"/>
	• Receptive? <i>Ask pt. to follow 2 commands (close eyes and make a fist)</i>	<input type="checkbox"/>
<b>N</b> EGLECT	• Ignoring left body (Tip: with left weakness)	<input type="checkbox"/>
	• Unable to feel both sides at the same time <i>Ask pt. to close eyes, touch both arms</i>	<input type="checkbox"/>
Weakness plus one or all of the V, A, or N = <b>VAN Positive</b>		
No weakness or evidence of V, A, or N = <b>VAN Negative</b>		

**Radio/Phone Consultation**

Identification: \_\_\_\_\_ Prenotification: YES / NO

Pt Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Onset: &lt;4 hrs. &lt;24 hrs.

CC (OPQRST, LKW, etc): \_\_\_\_\_

LOC (AVPU/GCS): \_\_\_\_\_

S &amp; Sx: \_\_\_\_\_

BP: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ T: \_\_\_\_\_ SpO2: \_\_\_\_\_

Skin: \_\_\_\_\_ Cardio/Resp: \_\_\_\_\_ BG: \_\_\_\_\_ Pupils: \_\_\_\_\_

Neuro: \_\_\_\_\_ ECG: \_\_\_\_\_

PMHx: \_\_\_\_\_

Meds: \_\_\_\_\_

Allergies: \_\_\_\_\_

Interventions: \_\_\_\_\_

ETA: \_\_\_\_\_ Code: \_\_\_\_\_