

South Dakota Statewide Stroke Initiative (Stroke Triage and Time Tracking Card)

INSTRUCTION FOR USE

- Open packet and attach triage card to patient upon first medical contact and after initial data collection.
- Card remains attached to the patient throughout care management and removed only by the tertiary Stroke Center
- Utilize standardized timing whenever possible (cell phone). Complete all open data fields as a collaborative team throughout the care management process.

Triage card initiated by: **EMS Agency** **Hospital**

PATIENT/EVENT INFORMATION

Date: _____ Patient Initials: _____ Private Vehicle Arrival: Yes No
First Medical Contact Time: _____ Agency/Facility Name: _____
EMS Agency Contact: _____ Initial Hospital: _____ Hosp. Contact: _____

EMS STROKE ASSESSMENT DATA

Event crosses Time Zones: Yes No
Last Known Well Time: _____ Witnessed Onset: Yes No
Initial BEFAST Assessment Time: _____ Initial VAN Assessment Time: _____

EMS AGENCY

911 Dispatch Time: _____ EMS Arrive Scene: _____ EMS Depart Scene: _____
Last Known Well/Time of Discovery: _____ EMS Telehealth in Motion utilized: Yes No
Prenotification Report by EMS: Yes No Blood Glucose documented: Yes No
ED Arrival Time at First Facility (Door In): _____

First Hospital: TIME METRICS FOR STROKE

Initial Provider (MD/APP) Assessment Time: _____ At bedside on patient arrival: Yes No
Blood Glucose Documented: Yes No
Time CT Initiated: _____ EMS Direct to CT on Arrival: Yes No
Telestroke Time (online consult started): _____ Entity Contacted: _____
CT Read Time: _____
Time Thrombolytic administered: _____ Not Administered Not Applicable
Time Transfer Initiated facility (call time): _____
Time Ambulance or Air Medical notified: _____
Time of discharge from first facility (Door Out): _____
Transfer by: BLS Ambulance ALS Ambulance Critical Care/Air Medical RW FW Ground

Receiving Hospital Metrics

Arrival at Tertiary Stroke Center: _____ Accepting Stroke Center: _____
Thrombectomy time: _____

Key Performance Metrics in Stroke Patients

Door/FMC to Stroke Assessment within	10 minutes
EMS Scene time departure within	15 minutes
CT initiated within	25 minutes
CT Reported Results within	45 minutes
Door to Needle/Administration within	60 minutes
Door to Transfer Time within	90 minutes

The 60 Minutes DTN Goal Time Intervals

Door to physician	≤10 minutes
Door to stroke team	≤15 minutes
Door to CT/MRI initiation	≤25 minutes
Door to CT/MRI interpretation	≤45 minutes
Door to needle time	≤60 minutes

BE FAST

B - BALANCE

Sudden trouble walking, dizziness, loss of balance or coordination. *Perform bilateral index finger to nose test and bilateral heel to shin test.*

E - EYES

Sudden double vision or trouble seeing out of one or both eyes. *Assess 4 quadrants of visual field by having patient locate your hands and assess lateral gaze by having patient follow your index finger.*

F - FACE

Sudden drooping or numbness on one side of the face. *Ask the person to smile or show teeth.*

A - ARM

Sudden numbness or weakness of the arm, especially on one side of the body. *Ask the person to raise and extend both arms with palms up. Does one arm drift downward?*

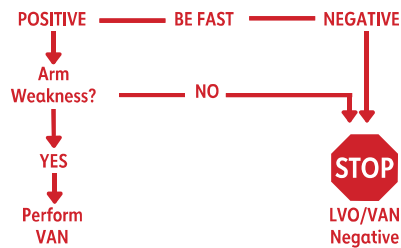
S - SPEECH

Sudden confusion, trouble speaking or understanding. *Have patient repeat a phrase such as "You can't teach an old dog new tricks."*

T - Last Known Well Time

If a patient has any of these symptoms, find out the Last Known Well Time & activate your local stroke response team immediately!

Test for Large Vessel Occlusion



VAN

V - VISION

Test for inability to see one or more quadrant AND new double vision, or blindness.

A - APHASIA

Name two objects AND repeat simple phrase, ex. "Today is a sunny day."

N - NEGLECT

Test for forced gaze to one side AND ignoring or unable to feel one side.

VAN or LVO Stroke Severity Scale POSITIVE if the patient has arm weakness AND any symptom(s) listed above.

© Copyright 2026 American Heart Association, Inc., a 501(c)(3) not-for-profit. All rights reserved.