

APPENDIX Q

STROKE PATIENT ASSESSMENT TRIAGE AND TRANSPORTATION

1. NYC S-LAMS Scale

NYC S-LAMS		
Element	Finding	Score
Facial Droop	Absent	0
	Present	1
Arm Drift	Absent	0
	Drifts Down	1
	Falls Rapidly	2
Speech Deficit	Absent	0
	Present	1
Grip Strength	Normal	0
	Weak Grip	1
	No Grip	2
Total Score		0 → 6

A. For patients exhibiting signs and symptoms of a stroke (CVA), utilize the NYC S-LAMS Stroke Scale:

1) Assess for **Facial Droop** - have the patient show teeth or smile

**Absent**- if both sides of the face move equally, the score is **0**

**Present**- if one side of the face does not move as well as the other, the score is **1**

2) Assess for **Arm Drift** - have the patient close eyes and hold both arms straight out with palms facing up for 10 seconds

**Absent** - if both arms remain up or move the same, the score is **0**

**Drifts down** - if one arm drifts slowly down compared to the other arm, the score is **1**

**Falls rapidly** - if one arm falls rapidly, the score is **2**

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- 3) Assess for **Speech Deficit**- have the patient say a simple sentence, for example, "you can't teach an old dog new tricks"

**Normal** - if the patient uses correct words with no speech slurring, the score is **0**

**Present** - if the patient slurs words, uses the wrong words, or is unable to speak, the score is **1**

- 4) Assess for *hand* **Grip Strength** - have the patient hold both of your hands and squeeze them at same time

**Normal** – if they squeeze both hands equally, the score is **0**

**Weak grip** - if one hand has a weaker grip than the other, the score is **1**

**No grip** – if one hand does not grip at all, the score is **2**

- B. Document the scores for each of the four S-LAMS elements and the total score in the PCR narrative (or PCR pre-assigned fields, if available).

- C. If any of the elements of the NYC S-LAMS Stroke Scale are positive, establish onset of signs and symptoms, and document in the PCR, by asking the following:

- 1) To patient – “When was the last time you remember before you became weak, paralyzed, or unable to speak clearly?”

And / or

- 2) To family or bystander – “When was the last time you remember before the patient became weak, paralyzed, or unable to speak clearly?”

Or

- 3) If the patient woke with the deficit, the time of onset is the time patient went to sleep.

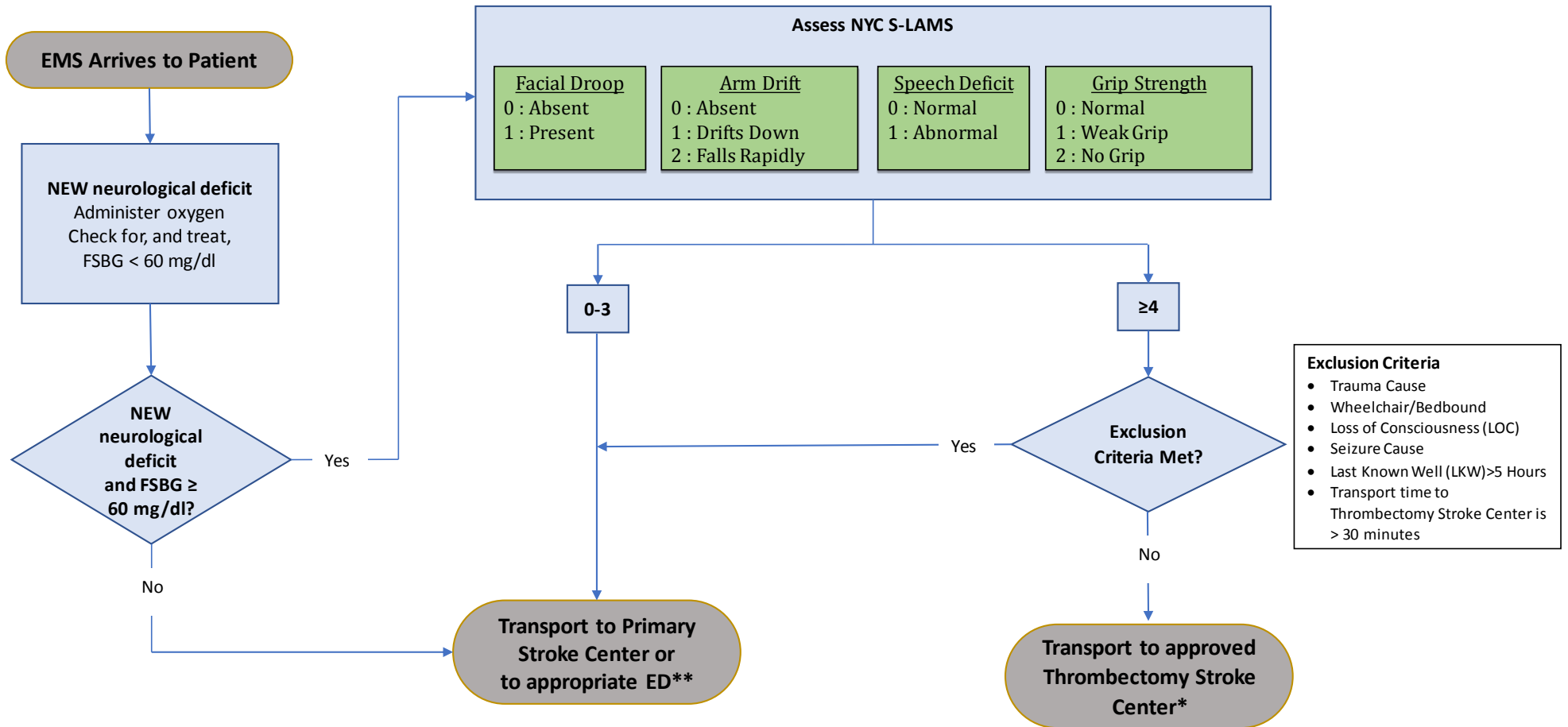
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**2. Stroke Exclusion Criteria for NYC S-LAMS ≥ 4**

If any of the criteria to the right are present on a patient with <b>NYC S-LAMS score ≥ 4</b> , transport should be to the closest appropriate New York City 911 system ambulance Primary Stroke Center	Total time from onset of patient’s symptoms to EMS patient contact is greater than 5 (five) hours
	Patient is wheelchair or bed-bound
	Seizure is cause of symptoms
	Loss of Consciousness (LOC)
	Trauma is cause of symptoms
	Transport time to Thrombectomy Stroke Center is > 30 minutes

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## 3. Stroke Triage & Transportation Algorithm



\* Per OLMC direction if transport time ≤ 30 min

\*\* e.g., trauma, treated hypoglycemia with resolved symptoms