

Appendix G: Stroke Patient Assessment Triage and Transportation

NYC S-LAMS SCALE

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

STROKE ASSESSMENT

1. For patients exhibiting signs and symptoms of a stroke (cerebrovascular accident [CVA]), utilize the NYC S-LAMS scale and assess the patient as follows:
 - 1.1 Facial droop: Have the patient show their teeth or smile
 - Absent (score 0): If both sides of the face move equally
 - Present (score 1): If one side of the face does not move as well as the other
 - 1.2 Arm drift: Have the patient close their eyes and hold both arms straight out with their palms facing up for 10 seconds
 - Absent (score 0): If both arms remain up or move the same
 - Drifts down (score 1): If one arm drifts down slowly compared to the other arm
 - Falls rapidly (score 2): If one arm falls rapidly
 - 1.3 Speech deficit: Have the patient say a simple sentence (e.g. “you can’t teach an old dog new tricks”)
 - Normal (score 0): If the patient uses correct words with no speech slurring
 - Present (score 1): If the patient slurs words, uses incorrect words or is unable to speak
 - 1.4 Grip strength: Have the patient hold both of your hands and squeeze them at the same time
 - Normal (score 0): If the patient squeezes both hands equally
 - Weak grip (score 1): If one hand has a weaker grip than the other
 - No grip (score 2): If one hand does not grip at all

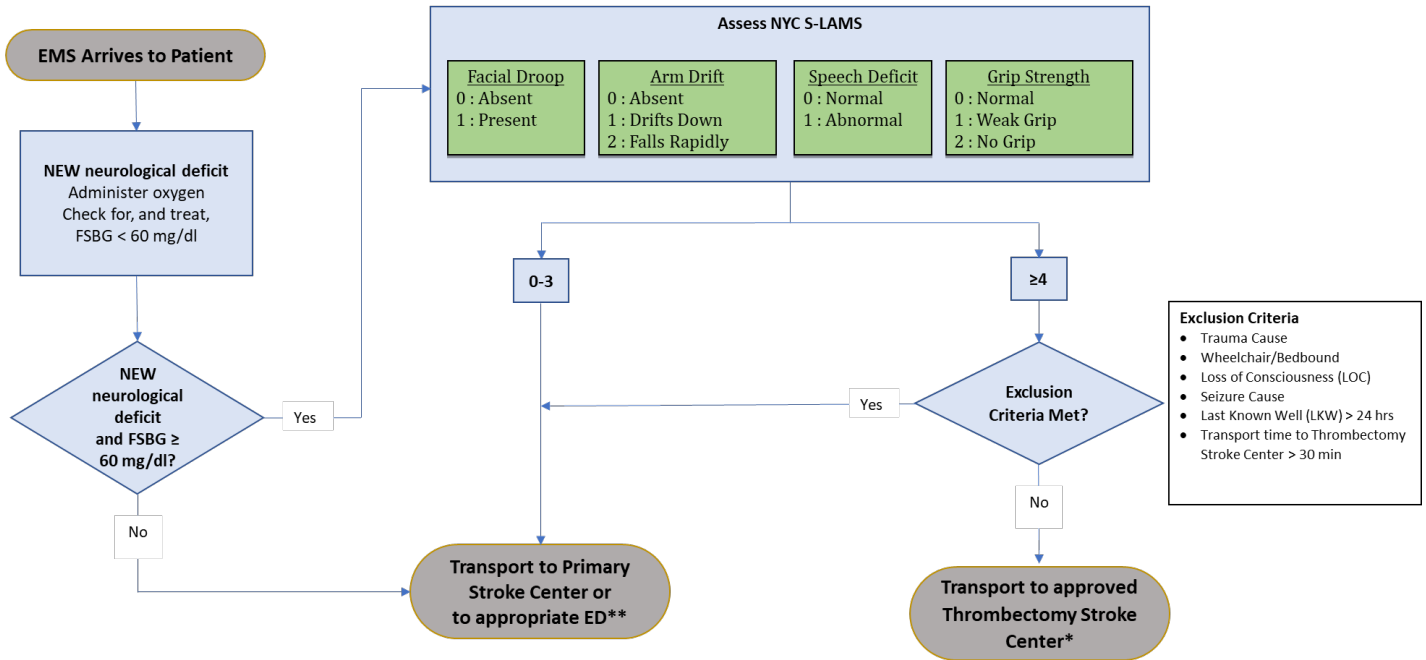
2. Document the scores for each of the four S-LAMS components and the total score in the ePCR narrative (or ePCR pre-assigned fields, if available)
3. If any of the elements of the NYC S-LAMS Stroke Scale are positive, establish onset of signs and symptoms, and document in the ePCR, by asking the following:
 - For the patient: “When was the last time you remember before you became weak, paralyzed, or unable to speak clearly?”
 - For the patient, family members, or bystanders: “When was the last time you remember before the patient became weak, paralyzed, or unable to speak clearly?”
 - For the above questions, if the patient woke from sleep with the deficit, the time of onset is the time the patient went to sleep

EXCLUSION CRITERIA

- Transport the patient to the closest appropriate Primary Stroke Center if the patient has a NYC S-LAMS score ≥ 4 with ANY of the following exclusion criteria:
 - Total time from onset of patient’s symptom to EMS patient contact > 24 hours
 - Patient is wheelchair or bed-bound
 - Seizure
 - Loss of consciousness (LOC)
 - Trauma
 - Transport time to Thrombectomy Stroke Center > 30 minutes

STROKE TRIAGE AND TRANSPORT ALGORITHM

NYC Stroke Triage Protocol



* Per OLMC direction if transport time ≤ 30 min
 ** e.g. trauma, treated hypoglycemia with resolved symptoms