LOS ANGELES PREHOSPITAL STROKE SCREEN (LAPSS)

Patient Name: _____

Rater Name: _____

Date: _____

Screening Criteria	Yes	No
4. Age over 45 years	____	____
5. No prior history of seizure disorder	____	____
6. New onset of neurologic symptoms in last 24 hours	____	____
7. Patient was ambulatory at baseline (prior to event)	____	____
8. Blood glucose between 60 and 400	____	____

9. Exam: ***look for obvious asymmetry***

	Normal	Right	Left
Facial smile / grimace:	☐	☐ Droop	☐ Droop
Grip:	☐	☐ Weak Grip ☐ No Grip	☐ Weak Grip ☐ No Grip
Arm weakness:	☐	☐ Drifts Down ☐ Falls Rapidly	☐ Drifts Down ☐ Falls Rapidly

Based on exam, patient has only unilateral (and not bilateral) weakness: **Yes** ☐ **No** ☐

10. If Yes (or unknown) to all items above LAPSS screening criteria met: **Yes** ☐ **No** ☐

11. If LAPSS criteria for stroke met, call receiving hospital with "CODE STROKE", if not then return to the appropriate treatment protocol. (Note: the patient may still be experiencing a stroke if even if LAPSS criteria are not met.)

References

Kidwell CS, Starkman S, Eckstein M, Weems K, Saver JL. "Identifying stroke in the field. Prospective validation of the Los Angeles prehospital stroke screen (LAPSS)."
Stroke 2000 Jan;31(1):71-6