

**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:	<input type="checkbox"/>	<input type="checkbox"/> Droop	<input type="checkbox"/> Droop
Grip:	<input type="checkbox"/>	<input type="checkbox"/> Weak Grip <input type="checkbox"/> No Grip	<input type="checkbox"/> Weak Grip <input type="checkbox"/> No Grip
Arm weakness:	<input type="checkbox"/>	<input type="checkbox"/> Drifts Down <input type="checkbox"/> Falls Rapidly	<input type="checkbox"/> Drifts Down <input type="checkbox"/> 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

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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](#)