

**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

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](#)