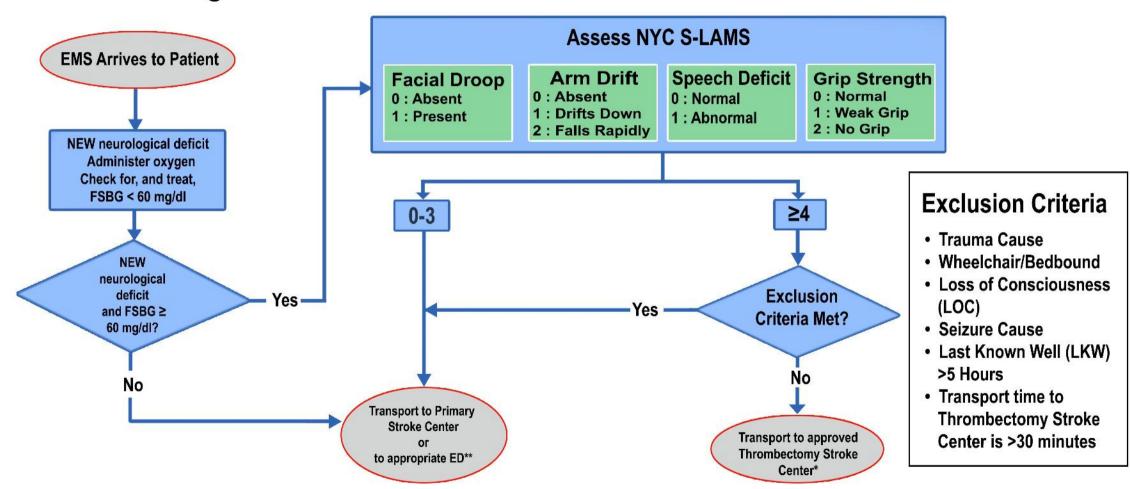
Pocket S-LAMS Card





NYC Stroke Triage Protocol

(Front)



^{*} Per OLMC direction if transport time ≤ 30 min

^{**} e.g., trauma, treated hypoglycemia with resolved symptoms

Pocket S-LAMS Card

OLMC Stroke Consult

Certification, name, unit, CAD

Age, gender, chief complaint

Time of last known well

VS: HR, BP, 02, RR, FSBG (Repeat FSBG, if treated)

Pertinent History and Exam

NYC S-LAMS for each element and total score (and repeat if changed)

This is EMT on Unit CAD# . We have a _____ y/o m/f with left/right sided weakness and slurred speech that started hours/mins ago witnessed by ___. Vital signs are BP__/__, HR____, RR , FSBG = . NYC S-LAMS Score is ___ with for facial droop, ___ for arm drift, ___ for speech, and ___ for hand grip. We are requesting physician approval for transport to the closest Thrombectomy Stroke Center.