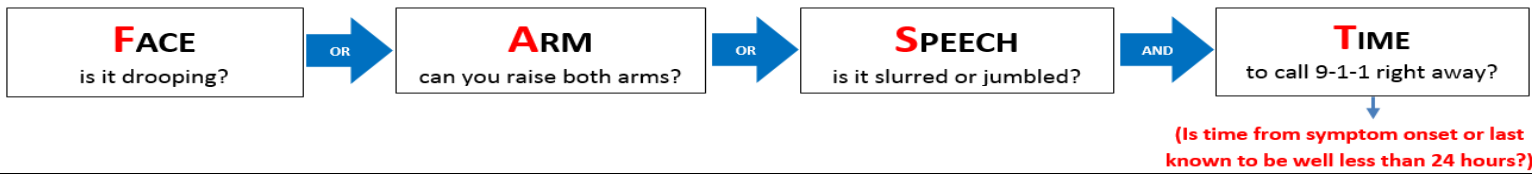


ACT-FAST Stroke Screening FAQ

What is FAST Screening Tool?

- Validated Stroke screening tool to screen for signs of stroke



How to complete FAST Screening?

- FACE- Observe facial drooping; ask patient to smile or show their teeth or gums and note symmetry of mouth and nasal labial folds
- ARM- Observe for arm weakness; ask patient to raise both arms and note one-sided weakness
- SPEECH- Assess if slurred or jumbled
- TIME- Note the time from symptom onset or last known to be well

What to do if FAST screen is POSITIVE?

- FAST Positive → Time of stroke symptom onset or last known to be well is within 4 hours → Activate CODE STROKE
- FAST Positive → Time of stroke symptom onset or last known to be well is within 4-24 hours → Complete ACT-FAST Screening

Who should be screened for ACT-FAST?

- All patients who experience any FAST signs of stroke AND time from stroke symptom onset or last known to be well is within 4-24 hours

What is ACT-FAST Screening Tool?

- ACT-FAST is a simple, rapid and reliable screening tool for recognizing large vessel occlusions and guides clinical decision making in the eligibility for Endovascular Thrombectomy Therapy
- Highly selected patients with disabling acute ischemic stroke and large artery occlusion may benefit from EVT up to 24 hours of clearly defined stroke symptom onset or last known to be well
- ACT-FAST includes assessing for one-sided arm weakness, language deficit, gaze preference or hemi-neglect followed by eligibility screening for EVT

How to complete ACT-FAST Screening?

A-ARM (one-sided weakness) *Position both arms with elbows straight (45 degrees if supine, 90 degrees if sitting). Ask patient to hold both arms steady for 10 seconds.*

Positive Test

- One arm is weaker, or falls to the stretcher within 10 seconds of being held up
- Patient is uncooperative or cannot follow commands and you witness minimal or no movements in one arm and normal or spontaneous movements in other arm
- Positive Right Arm Weakness → Proceed to assess for a Severe Language Deficit (C “CHAT”)
- Positive Left Arm Weakness → Proceed to assess for Gaze preference or Hemi-neglect (T “TAP”)

C-CHAT (severe language deficit) *Ask patient “can you repeat after me, you can’t teach an old dog new tricks?”*

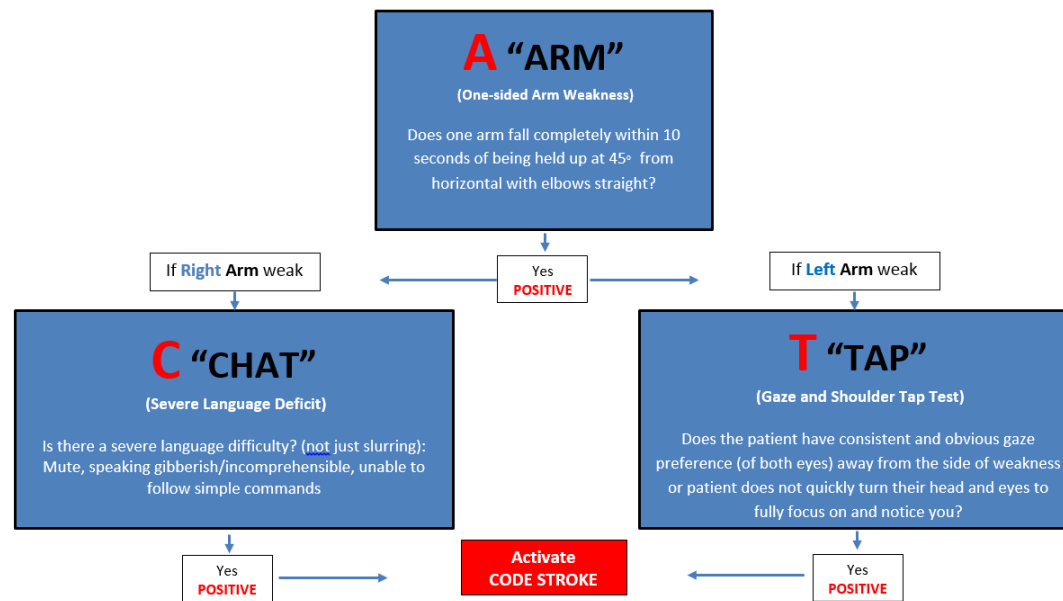
Positive Test

- Severe language deficit, not just slurring (including mute, speaking gibberish/incomprehensible, or unable to follow simple commands)

T-TAP (gaze and shoulder tap test) *Gaze preference can be observed from the end of the stretcher or stand on patient’s weak side and tap twice on the shoulder of weak side while calling patient’s name*

Positive Test

- Obvious gaze preference away (both eyes) from side of weakness
- Patient does not quickly turn their head and eyes to fully focus on and notice you during tap test



What to do if ACT-FAST is POSITIVE?

- Activate CODE STROKE
- ED Physician/MRP shall assess for Eligibility for EVT → POSITIVE if patient meets Eligibility criteria for EVT → Follow organizations Acute Stroke Protocol

ED Physician assess for ELIGIBILITY for Endovascular Thrombectomy

(POSITIVE if all criteria are met)

- Deficits are NOT pre-existing (mild deficits that are now significantly worse are OK)
- Onset of symptoms is less than 24 hours or the last known to be well is less than 24 hours
- Patient was living at home independently with only minor assistance-patient must be completely independent with hygiene/personal care tasks and walking (walking aids OK)
- Patient does not have stroke mimics or another alternate explanation for symptoms

Who can perform ACT-FAST screening as recommended by the Central East Stroke Network?

- ACT-FAST Screening for one-sided weakness, language deficit, gaze deviation or hemi-neglect can be performed by Health Care Providers (e.g. Registered Nurse, Registered Practical Nurse)
- ACT-FAST Screening Eligibility for EVT must be performed by a Physician

Additional Considerations:

- Use questions to clearly identify time last known to be well (e.g. did someone talk to or call patient?) and for suspected Wake-Up symptoms (e.g. did patient get up overnight? Was patient well immediately on getting up?)
- Proceed to usual care if ACT-FAST screening is negative
- ACT-FAST Screening tool is used for anterior circulation strokes. If suspecting a posterior stroke, follow usual protocol and inform the MRP immediately (Note: Activation of a Code Stroke and assessing for EVT Eligibility may vary depending on organization’s Acute Stroke Protocols)

CESN ACT-FAST Tool Kit: www.cesnstroke.ca

- ACT-FAST Stroke Screening Algorithm
- ACT-FAST Stroke Screening Educational Video
- ACT-FAST Stroke Screening FAQ Poster
- ACT-FAST Training Guide PowerPoint Presentation

References/Resources

- Zhao et al., (2018). Ambulance Clinical Triage for Acute Stroke Treatment, Stroke; 49:645-9
- <https://www.strokebestpractices.ca/recommendations/acute-stroke-management>