

ACT-FAST is a large vessel occlusion (LVO) screening tool used to guide clinical decision making in Stroke Endovascular Thrombectomy (EVT) eligibility. The screening tool is completed on patients that have one or more FAST signs of stroke (facial droop, arm weakness on one side and/or slurred speech) and if the **time last seen normal is within 4-24 hours**.

- **Steps 1 & 2** are completed by ED Nurse and assesses one-sided weakness, language deficit, gaze preference or hemi-neglect.
- **Step 3** is completed by the ED Physician and guides clinical decision making in the eligibility for EVT.

## ACT-FAST Assessment

<p><b>Step One</b></p> <p><input type="checkbox"/></p> <p>Proceed if <b>POSITIVE</b></p> <p>If negative STOP,</p> <p>Notify ED Physician and continue with usual care</p>	<p><b>ARM (Unilateral Arm Weakness)</b></p> <p><i>Position both arms with elbows straight and ask patient to hold steady:</i></p> <ul style="list-style-type: none"> <li>• 45 degrees up from horizontal if supine; or</li> <li>• 90 degrees up from horizontal if sitting</li> </ul> <p><b>Positive Screen:</b></p> <ul style="list-style-type: none"> <li>• One arm falls completely within 10 seconds</li> <li>• For patients who are uncooperative or cannot follow commands: if you witness minimal or no movement in one arm and normal movement in the other</li> </ul> <p>In a patient that is <b>uncooperative or not able to follow commands</b>, this item is positive if you clearly witness minimal or no movements in one arm and spontaneous movements in the other.</p> <p>Answer no if <b>both arms are similarly weak</b>, or testing is clearly affected by <b>shoulder problems or pain</b>.</p>	
<p><b>Step Two</b></p> <p><input type="checkbox"/></p> <p>Proceed if <b>POSITIVE</b></p> <p>If negative STOP,</p> <p>Notify ED Physician and continue with usual care</p>	<p><b>Unilateral RIGHT arm weakness</b></p> <p><b>CHAT (Severe Language Deficit)</b></p> <p><i>Ask patient to repeat a phrase or perform simple tasks. (e.g. "You can't teach an old dog new tricks", "make a fist, open mouth")</i></p> <p><b>Positive Screen:</b> Severe language difficulty (not just slurring of speech):</p> <ul style="list-style-type: none"> <li>• Patient is mute, speaking gibberish and/or incomprehensible</li> <li>• Patient is unable to follow simple commands</li> </ul> <p>For non-English speakers, use family/friends to translate and do not assume they are mute. If this is not possible, you may use a positive shoulder tap test (see "TAP") instead to progress (in this scenario only).</p>	<p><b>Unilateral LEFT arm weakness</b></p> <p><b>TAP (Gaze and Shoulder Tap Test)</b></p> <p><i>Stand on patient's weak side while assessing. Observe for gaze preference (open eyelids if necessary). Tap shoulder twice and call the patient's first name.</i></p> <p><b>Positive Screen:</b></p> <ul style="list-style-type: none"> <li>• Patient has consistent and obvious gaze preference (of both eyes) away from weak side</li> <li>• Patient does not quickly turn head and eyes to fully focus on and notice you</li> </ul> <p>This tests for severe gaze preference and hemi-neglect. It is acceptable to simply observe an obvious gaze preference (away from the weak side) from the end of the stretcher.</p>
<p><b>Step Three</b></p> <p><input type="checkbox"/></p> <p>If <b>POSITIVE</b>, potential LVO</p>	<p><b>ED Physician assess for Eligibility for Stroke EVT</b></p> <p><b>Positive screen: (if all criteria met)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Deficits are NOT pre-existing (mild deficits that are now significantly worse are acceptable as true deficits)</li> <li><input type="checkbox"/> Onset of symptoms are less than 24 hours or the time since last seen normal is less than 24 hours.</li> <li><input type="checkbox"/> Patient was living at home independently with only minor assistance – patient must be completely independent with hygiene/personal care tasks, and walking (with or without walking aids)</li> <li><input type="checkbox"/> Patient does NOT have stroke mimics or another alternate explanation for symptoms</li> </ul> <p>Try to use other clues to guess time last well – did someone talk or ring them earlier?</p> <p>For patients with suspected wake-up symptoms – did they get up overnight? Were they well immediately on getting up?</p> <p>Patients where time of onset is unknown do not pass eligibility.</p>	