MIAMI EMERGENCY NEUROLOGIC DEFICIT (MEND) PREHOSPITAL CHECKLIST

Date:	Name:	Age:	Sex:

BASIC DATA

WITNESS NAME: ★	WITNESS PHONE: ★
Dispatch time:	EMS arrival time:
Departure to ED time:	ED arrival time:

HISTORY

LAST TIME PATIENT WITHOUT SYMPTOMS ★ DATE: _____ TIME _____

YES	NO	T-PA EXCLUSIONS
☐	☐	Head trauma at onset ★
☐	☐	Seizure (shaking or staring) at onset ★
☐	☐	Taking warfarin (Coumadin)
☐	☐	History of bleeding problems
☐	☐	Possible brain hemorrhage (severe headache, stiff neck, ↓LOC)

ADDITIONAL HISTORY

Symptoms _____

Allergies _____

Medications _____

Past History _____

Last Meal _____

Events Prior _____

MANAGEMENT

☐ Do NOT treat hypertension

☐ Do NOT allow aspiration → Keep NPO, head up, O_2 2-4 L

☐ Do NOT give glucose (unless glucose <50) → IV NS; check fingerstick: _____

☐ ECG rhythm _____ → If AMI, 12-lead time: _____

STROKE-SPECIFIC ED REPORT (see starred items on checklist)

SYMPTOM ONSET	NEUROLOGIC EXAM	WITNESS
★ **TIME (last time w/o sxs)**	★ **Level of consciousness**	★ **Name**
★ **Trauma (history)**	★ **Speech/language**	★ **Contact info**
★ **Seizure (staring, shaking)**	★ **Visual fields**	
	★ **Moto strength**	

EXAMINATION

BP: L _____ / _____ R _____ / _____ Pulse: Rate & Rhythm: _____ Resp _____

MEND EXAM

On scene: Perform LOC & basic exam (Cincinnati Prehospital Stroke Scale in shaded boxes) En route: If time allows, perform the complete MEND exam.

MENTAL STATUS	CHECK IF ABNORMAL ON SCENE	CHECK IF ABNORMAL EN ROUTE
■ Level of Consciousness (AVPU) ★	☐	☐
■ Speech "You can't teach an old dog new tricks." ★ Abnormal = wrong words, slurred speech, no speech	☐	☐
■ Questions (age, month)		☐
■ Commands (close, open eyes)	☐	

CRANIAL NERVES	R	L	R	L
■ Facial Droop (show teeth or smile) Abnormal — one side does not move as well as other	☐	☐	☐	☐
■ Visual Fields (four quadrants) ★			☐	☐
■ Horizontal Gaze (side to side)			☐	☐

LIMBS	R	L	R	L
■ Motor — Arm Drift (close eyes and hold out both arms) ★ Abnormal — arm can't move or drifts down	☐	☐	☐	☐
■ Leg Drift (open eyes and lift each leg separately) ★			☐	☐
■ Sensory — Arm and Leg (close eyes and touch, pinch)			☐	☐
■ Coordination — Arm and Leg (finger to nose, heel to shin)			☐	☐

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