

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.)

Provided by the Internet Stroke Center — www.strokecenter.org

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](#)