TELESPECIALISTS™
ANYTIME.ANYWHERE.™

Please complete this form on all patients seeking care in the ED ages 18 or older

SAVES TOOL

If patient is experiencing any of the below symptoms, patient is deemed SAVES +

SMILE
- • FACIAL WEAKNESS OR NUMBNESS

ARMS
- • WEAKNESS OR NUMBNESS IN UPPER LIMBS
- • DRIFT

VISION
- • VISUAL FIELD DEFECT
- • GAZE DEVIATION
- • DIPLOPIA

EVEN BALANCE
- • GAIT SCREEN
- • WEAKNESS OR NUMBNESS IN LOWER LIMBS
- • DIZZINESS

SPEECH
- • UNABLE TO NAME (SEE NIHSS)
- • UNABLE TO REPEAT "NO IF'S, AND'S OR BUT'S"

HISTORY:

AGE: _____ M / F

TIME LAST SEEN NORMAL: _____

- ♦ **IF TIME OF LAST SEEN NORMAL < 12 HOURS AND SAVES +, IMMEDIATELY CALL "STROKE ALERT" AND CONTACT TELENEURO**
- ♦ **IF TIME OF LAST SEEN NORMAL >/= TO 12 HOURS AND SAVES +, IMMEDIATELY CALL "NEURO ALERT" AND CONTACT ED PHYSICIAN**

ANTICOAGULATION USE: _____

COMPLETED BY: _____

DATE: _____

5/15/2018