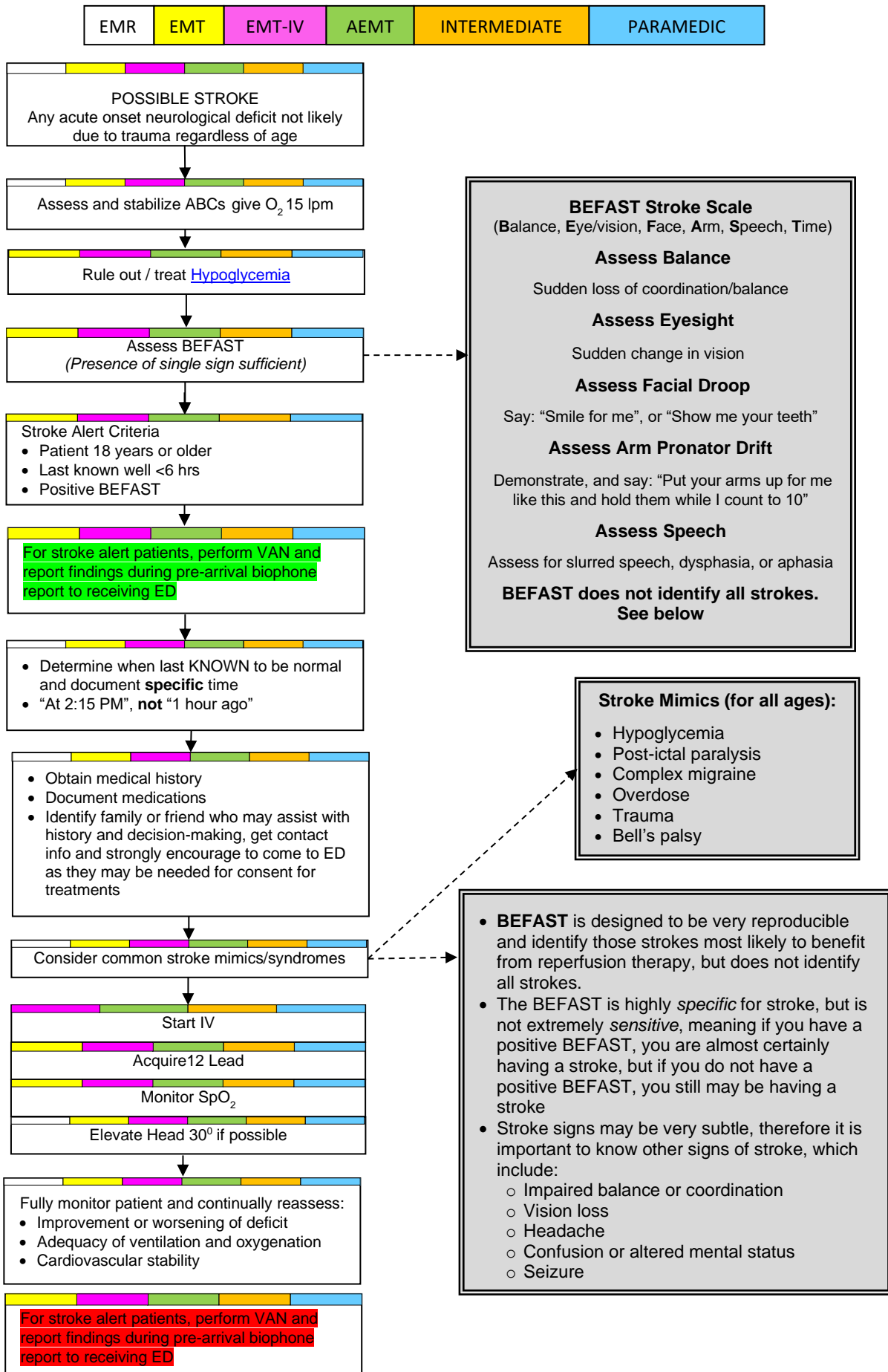


# 4030 STROKE



**4030 STROKE**

EMR	EMT	EMT-IV	AEMT	INTERMEDIATE	PARAMEDIC
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**Stroke VAN**

**Is arm weakness present?**

(extend arms with palms up for 10 seconds)

- Yes. Continue VAN assessment  
 No. VAN negative. Exam done.

<b>Vision</b>	Test peripheral vision. (hold 2 fingers on left, 1 on right) Observe for uneven eyes / cross eyed	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Aphasia</b>	Name 2 objects. Repeat "today is a sunny day" Follow 2 commands (close eyes, make fist)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Neglect</b>	Forced gaze or inability to track (ask patient to follow your finger to right then left with their eyes) Unable to feel both sides at same time (close eyes, touch both arms) Ignoring one side	<input type="checkbox"/> Yes <input type="checkbox"/> No
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VAN positive: weakness plus one or all of the V, A, or N  
(vision, aphasia, neglect)

VAN negative: no weakness or no evidence of V, A, or N