

# Large Artery Stroke Screening Forms for VAN + Protocol

#### 1. How weak is patient on one side of body? If patient shows no weakness then CTA not urgent. Patient is VAN negative.

Mild (minor drift) (hold both arms up for 10 seconds)

Moderate (severe drift - touches or nearly touches ground)

Severe (flaccid or no antigravity)

Patient shows no weakness. Patient is VAN negative. CTA not urgent. (exception are confused or comatose patient's with dizziness, focal findings or no reason for their altered mental status then Basilar artery thrombus must be considered, CTA is warranted)

#### 2. Visual Disturbance?

Field Cut (which side) (4 quadrants)

Double vision (ask patient and look to right then left, evaluate for uneven eyes)

- Blind new onset
- **NONE**

### 3. Aphasia?

Expressive (inability to speak or errors) <u>don't count slurring of words</u> (repeat & name 2 objects)

Receptive (not understanding or following commands) (close eyes, make fist)

Mixed

NONE

## 4. Neglect?

- Forced gaze or inability to track to one side
  - Unable to feel both sides at same time, or unable to identify own arm
- Ignoring one side

NONE

All VAN positive patients should be sent to endovascular capable hospital & notified ahead of time. NeuroIR paged w VAN positive patient arriving. CT/CTA done on arrival.

If patient has **any weakness PLUS any one of the below:** Visual Disturbance (field cut, double, or blind vision) Aphasia (inability to speak or understand) Neglect (gaze to one side or ignoring one side) This is likely a large artery clot (cortical symptoms) = VAN Positive