Participant Group: **SON Participant Checklist**

Name:_____   Date:_____

Please circle the appropriate response.

1. Student performs FAST algorithm and recognizes changes	Yes	No
2. Student takes vital signs and correlates with patient status	Yes	No
3. Steps 1 & 2 completed within 3 minutes	Yes	No
4. Student locates code stroke binder	Yes	No
5. Notification of primary provider and/or rapid response in 8 minutes	Yes	No
6. Documentation clearly links patient to acute onset of stroke with less than 3 assessment errors.	Yes	No
7. Documentation includes notification of 1 provider with a time of notification	Yes	No
8. Documentation includes trends of vital signs	Yes	No

COMMENTS:

Instructor: _____