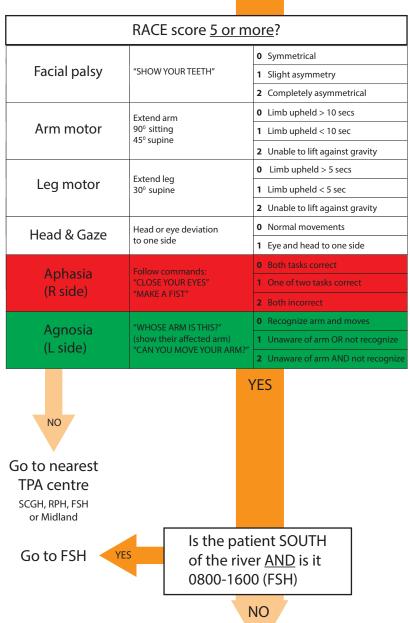
STROKE PATHWAY Out of hospital From triage Go to nearest No stroke Was the patient known NO NO hospital to be normal 4 hours ago? call YES YES Go to nearest Independent premorbid No stroke NO NO hospital function[†] (not HLC NH)? call YES YES Neurological dysfunction



Must have AT LEAST ONE of the following Facial weakness Arm weakness Leg weakness Speech disturbance (aphasia / dysarthria) Hemiparesis / hemisensory disturbance Ataxia Diplopia / visual loss YES No stroke NO call **ALL** of the following must apply No stroke or head trauma < 3 months ago No previous intracranial haemorrhage No intracranial neoplasm / AV malformation No recent intracranial / spinal surgery No SAH symptoms or history No active bleeding No fever / signs of sepsis No unrelated life threatening illness (eg advanced cancer) No stroke NO

CODE 55 STROKE CALL (ED triggered)

Prioritize RESUS cubicle IV Cannula FBC, UE, INR (if on Warfarin) Expedite transfer to CT

CODE 55 STROKE CALL (SJA triggered)

Give ETA

Search iCM for discharge summaries
Accompany patient to CT on SJA trolley
Seek out stroke mimics

NOTE The following are <u>NOT</u> absolute contraindications to thrombolysis / thrombectomy

Known cerebral aneurysm (without symptoms SAH Arterial puncture in non-compressible site < 7 days BSL < 2.8, SBP >= 185, DBP >= 110 Isolated neurological signs Dynamic changes in stroke symptoms Age > 80 Severe stroke or previous stroke

[†] Mild-moderate dementia (where stroke resolution would make patient's care easier) GI or GU bleed < 21 days MI in previous 3 months Postictal post seizure at onset of stroke Pregnancy Might surgery or serious trauma < 14 days Diabetes mellitus

call