

STROKE PATHWAY



Out of hospital

FROM TRIAGE

Go to nearest hospital

NO

Was the patient known to be normal **4** hours ago?

Was the patient known to be normal **5** hours ago?

NO

No stroke call

YES

YES

Go to nearest hospital

NO

Independent pre-morbid function[†] (not HLC NH)?

NO

No stroke call

YES

YES

Neurological dysfunction

PRE HOSPITAL RACE score **5** or more?

TRIAGE RACE score **1** or more? (beware of MIMICS*)

Facial palsy

"SHOW YOUR TEETH"

0 Symmetrical

1 Slight asymmetry

2 Completely asymmetrical

Arm motor

Extend arm
90° sitting
45° supine

0 Limb upheld > 10 secs

1 Limb upheld < 10 sec

2 Unable to lift against gravity

Leg motor

Extend leg
30° supine

0 Limb upheld > 5 secs

1 Limb upheld < 5 sec

2 Unable to lift against gravity

Head & Gaze

Head or eye deviation to one side

0 Normal movements

1 Eye and head to one side

Aphasia (R side)

Follow commands:
"CLOSE YOUR EYES"
"MAKE A FIST"

0 Both tasks correct

1 One of two tasks correct

2 Both incorrect

Agnosia (L side)

"WHOSE ARM IS THIS?"
(show their affected arm)
"CAN YOU MOVE YOUR ARM?"

0 Recognize arm and moves

1 Unaware of arm OR not recognize

2 Unaware of arm AND not recognize

NO

Go to nearest TPA centre
SCGH, RPH, FSH or Midland

YES

*CONSIDER STROKE MIMICS

THIS CAN BE EXTREMELY DIFFICULT- CONSULT SR DR IF UNSURE

SEIZURE: Post ictal, Todd's paralysis

METABOLIC / TOX: HypoGlyc, HypoNa, Encephalopathy

SOL: Subdural haemorrhage, Abscess, Tumor

MIGRAINE: Hemiplegic migraine

FUNCTIONAL: Factitious disorder

INFECTION: Meningitis, Encephalitis

CONFUSION / COGNITIVE DYSFUNCTION

PERIPHERAL VERTIGO: Labrynthitis, Vestibular neuronitis

MULTIPLE SYSTEMS INVOLVED

SYNCOPE

NOTE The following are NOT 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

Major surgery or serious trauma < 14 days

Diabetes mellitus

YES*

NO

No stroke call

Is the patient **SOUTH** of the river **AND** is it 0800-1600 (FSH)

YES

Go to FSH

NO

CODE 55 STROKE CALL (SJA triggered)

Provide ETA

Search ICM for discharge summaries

On arrival to ED consider stroke mimics*
Accompany patient to CT on SJA trolley

CODE 55 STROKE CALL (ED triggered)

Prioritize RESUS cubicle / expedite CT

IV Cannula

FBC, UE, INR (if on Warfarin)

ED manage BP, temp, O₂, BSL