



ED CODE STROKE ACTIVATION PATHWAY (v2.0)

CLINICAL DIAGNOSIS OF STROKE CRITERIA

Clinical diagnosis of stroke with impaired (ANY):

Language Motor function **Gaze Vision** **Balance Cognition** **Neglect**

Consider stroke mimics (especially post seizure or if associated with migraine) and ask for senior help if unsure
 For borderline cases (especially if RACE <2, or isolated sensory deficits) discuss with Neuro Registrar for expedited review instead of triggering stroke call

YES

PATIENT LOCATION

SJA

ED

SJA PRE-NOTIFICATION (BATPHONE)



Additional criteria (BOTH):

**RACE ≥5 AND
Onset <12hrs**

NO

YES

Go to the nearest Stroke / TPA centre at:

**SCGH
RPH
FSH
MIDLAND**

Is the patient METRO South of the river?
AND
Is it 08:00 - 16:00 MON - FRI?

YES

NO

Go to **FSH**

Go to **SCGH**

**CALL
55
CODE
GIVE ETA**

EMERGENCY DEPT



Additional criteria (EITHER):

**RACE ≥2 AND
Wake-up stroke OR
Onset <12hrs**

**RACE ≥4 AND
Onset >12 AND <24hrs**

YES

iCM background Hx, PMH, Rx
 Witnesses / onset time
 Observations / BSL
 IVC, FBC, UE, Coagulation profile
 CT / CT perfusion / CTA "Stroke protocol"
 Consider stroke mimics
 Consider trauma exam if necessary
 Ensure stability for transfer to CT

**CALL
55
CODE**

RACE SCORE

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
		2 Both incorrect
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

NOTE: ISOLATED SENSORY DEFICITS SHOULD NOT BE CONSIDERED FOR STROKE CALLS

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, Abscess, Tumor
MIGRAINE: Hemiplegic migraine
FUNCTIONAL: Factitious disorder
INFECTION: Meningitis, Encephalitis
PERIPHERAL VERTIGO: Labrynthitis, Vestibular neuronitis
CONFUSION / COGNITIVE DYSFUNCTION
MULTIPLE SYSTEMS INVOLVED
SYNCOPE

THE FOLLOWING ARE NOT ABSOLUTE C.I. TO THROMBO -LYSIS / -ECTOMY

DISCUSS WITH NIISWA IF THE FOLLOWING APPLY

Known cerebral aneurysm (without symptoms SAH)	†Mild-moderate dementia (where stroke resolution would make pts care easier)
Arterial puncture in non compressible site < 7 days	GI or GU bleed < 21 days
BSL < 2.8, SBP >= 185, DBP >= 110	MI in previous 3 months
Isolated neurological signs	Postictal post seizure at CVA onset
Dynamic changes in stroke symptoms	Pregnancy
Age > 80	Major surgery or serious trauma < 14 days
Severe stroke or previous stroke	Diabetes mellitus