ED STROKE CALL ACTIVATION PATHWAY (v2.1)

CLINICAL DIAGNOSIS OF STROKE CRITERIA

Clinical diagnosis of stroke with impaired (ANY):

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

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

Go to the nearest Stroke / TPA centre at:

SCGH
JHC
RPH
FSH
MIDLAND

YES

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

YES

Go to **FSH**

NO

Go to **SCGH**

STROKE **55** CALL 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

STROKE **55** CALL GIVE ETA

RACE SCORE

Facial palsy	"SHOW YOUR TEETH"	**0** Symmetrical
		1 Slight asymmetry
		2 Completely asymmetrical
Arm motor	Extend arm 90^0 sitting 45^0 supine	**0** Limb upheld > 10 secs
		1 Limb upheld < 10 sec
		2 Unable to lift against gravity
Leg motor	Extend leg 30^0 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

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
SYNCOPE	
MULTIPLE SYSTEMS INVOLVED	
CONFUSION / COGNITIVE DYSFUNCTION	

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

DISCUSS WITH NIISWA IF THE FOLLOWING APPLY

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 pts care easier)
GI or GU bleed < 21 days
MI in previous 3 months
Postictal post seizure at CVA onset
Pregnancy
Major surgery or serious trauma < 14 days
Diabetes mellitus