

## Royal Sussex County Hospital: stroke pathway for a patient presenting as an inpatient or to ED during the Covid-19 pandemic where COVID is SUSPECTED OR CONFIRMED

### STROKE CALL PUT OUT via 2222

Initial assessment of patient by local team (whether in ED or on a ward) and early discussion with on call stroke consultant to decide management plan (via switchboard or ext 4006/4034)

Stroke team will not routinely attend call until case discussed with consultant. Appropriate team will then be dispatched depending on circumstances

### Clinical diagnosis of stroke

Thrombolysis candidate-  
Treatment started and patient transferred to Covid cohort area.

Stroke specialist nurse to stay with patient for 2 hours and then care handed to local ward. On going care by team in that area with input from stroke as required (contact Stroke SpR on bleep 8066)

Patient outside window for thrombolysis/thrombectomy or diagnosis of ICH-  
Treatment plan made with stroke team and patient moved to Covid cohort area

Cared for by team in that area with input from stroke as required (contact Stroke SpR on bleep 8066)

### Thrombectomy criteria:

- Within 6 hours of symptom onset
- mRS of 0
- M1 +ICA occlusion only

Case by case decision. If for thrombectomy moved to neuroangio then appropriate covid area

Patients can only be accepted from referring hospitals if they fit the thrombectomy criteria and have no signs and symptoms of Covid.

**NB:** Suspected covid patients should not be moved to the Solomon side rooms as the environment is unsuitable and would put the whole ward at risk. Any stroke patient with covid should be managed in the appropriate cohort area and looked after by the ward medical team with virtual input from the stroke team (nursing, medical and therapy). Patients will be physically seen if required.