

Stroke calls at RSCH

Historically the Stroke team have encouraged calling a stroke call for all strokes, irrespective of timing or severity of symptoms. The gateway to this should be the ROSIER score assessment which is infrequently formally documented.

As a result of this it has led to a practice of the stroke team and OOH the medical team urgently attending, sometimes unnecessarily as it will not change patient management, for example if someone is outside the thrombolysis window.

It has also led to a low threshold for team activation given the mimics which stroke may have.

This diverts staff from other busy areas.

There is a reliance on the medical stroke pathway which is not always appropriate for patients.

This guide is solely for stratification of potential stroke patients at the front door by ED clinicians to decide the tier of investigations and to avoid unnecessary actions. It is not anticipated that the assessment of the patient should take more than two minutes

Note: All stroke patients (whatever the time of onset) MUST be admitted to the stroke unit within 4 hours of arrival to ED. If a stroke is suspected Aspirin 300mg stat should be given if there are no contraindications.

If there are any questions please call the on call stroke consultant 07920 708483 (in hours) or via switchboard OOH.

If in any doubt put out a stroke call 2222

FRONT DOOR ED ASSESSMENT TOOL FOR POSSIBLE STROKE

Symptom	Scoring	Score
Loss of consciousness or syncope	-1	
Seizure activity	-1	
Asymmetric facial weakness	+1	
Asymmetric arm weakness	+1	
Asymmetric leg weakness	+1	
Speech disturbance	+1	
Visual field defect	+1	

Total Score _____

Time since onset _____

Decide Tier of response:

Score -2, -1 or 0

Stroke Unlikely

Action: Continue ED management and investigation

Score greater than 0 but onset > 16 hours

& ED clinician believes stroke is the most likely diagnosis (if stroke not leading diagnosis continue ED care)

Action: contact stroke nurse specialist on bleep 8859 in hours (medics OOH), make referral on whiteboard, for full clerking

Score greater than 0 but onset < 16 hours or 'wake up' stroke or unclear time of onset

& ED clinician believes stroke is the most likely diagnosis (if stroke not leading diagnosis continue ED care)

Action: stroke call patient 2222