

Pathway for any stroke patient presenting to Princess Royal Hospital A&E

All patients with a suspected stroke should be discussed with the on call stroke consultant prior to transfer to RSCH or admission to PRH

HYPERACUTE – ARRANGE TRANSFER TO RSCH AFTER SPEAKING TO STROKE CONSULTANT BUT BEFORE CT

ACUTE - ADMIT TO PRH UNLESS ADVISED OTHERWISE BY ON CALL STROKE CONSULTANT

If the patient is a potential candidate for thrombolysis or thrombectomy – urgent transfer to RSCH (imaging not required pre transfer) – **the stroke team must be aware before this happens** and ED at RSCH must be contacted so aware of patient

If the patient has a confirmed stroke with very mild symptoms (ie likely to be discharged within 24-48hrs) that the stroke team feel could be managed at PRH; or patient requires RSCH but no current beds; or patient too unwell for transfer – patient to be admitted to PRH under acute medicine with clear plan from stroke consultant. These patients will all be reviewed by the neuro medical therapy team as soon as they are able to (note no weekend service). The team can be contacted on bleeps 6167 or 6031. If the patient requires RSCH a bed will be made ASAP on the stroke unit and the patient transferred directly there as soon as it is ready. A stroke consultant will review any stroke in-patients at PRH on a Thursday after their round at SRC. If any patient requires transfer to SRC this can be facilitated by the neuromedical therapy team, liaising with the stroke team as necessary.