

Guideline for Suspected Stroke

For all patients presenting with a suspected stroke

All self-presenters to the Emergency Department need to be discussed and transferred to an Acute Stroke Service as soon as possible

ONSET OF STROKE WITHIN 4 HOURS

Follow the **Stroke Thrombolysis Pathway** on the next page
 Consider BM / FAST Status & ROSIER Score
Do not delay for further investigations

7 days a week 7am to 11pm
Bleep 1013 at FGH for advice and urgent assessment for Stroke Thrombolysis / Transfer to ASU

Outside of these hours
 Contact **SRFT** Stroke Team for advice and possible transfer on
0161 206 4788

ONSET OF STROKE LONGER THAN 4 HOURS

Consider BM / FAST Status & ROSIER Score

7 days a week 7am to 11pm
Bleep 1013 at FGH for advice and urgent assessment for Stroke Assessment / Transfer to ASU. Do not undertake CT Imaging unless requested to do so.

Outside of these hours
 Contact **SRFT** Stroke Team for advice and possible transfer on
0161 206 4788

ROSIER Score

LOC or syncope	-1
Seizure	-1
<i>NEW onset of:</i>	
Asymmetric facial weakness	+1
Asymmetric arm weakness	+1
Asymmetric leg weakness	+1
Speech disturbance	+1
Visual field defect	+1

FAST

Facial weakness
 Arm weakness
 Speech problems
 Time

Specific Exclusion Considerations

History of Head Injury
 Seizure at Stroke Onset
 Known Coagulopathy or on anticoagulants
 History of past Intra-Cerebral Haemorrhage
 Severe Headache at onset
 Neck Stiffness, Fever or clear papilloedema

If any of the above arrange CT and discuss with ED Senior
 Minor or rapidly improving features - discuss with ED Senior

Stroke Thrombolysis Pathway

For all patients presenting with a suspected stroke
within 4 hours of symptom onset

