



Version 1.0 February 2017

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
Seizure
-1
NEW onset of:
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



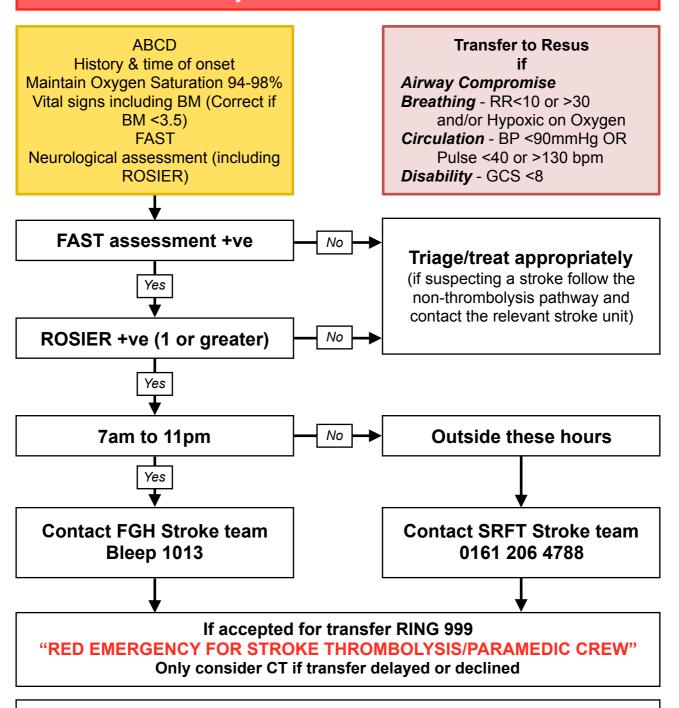


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Stroke Thrombosis Pathway

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

Minutes Matter Aim to identify and refer within 10 minutes of arrival



Whilst awaiting ambulance arrival

Keep NBM IV Access x 2 Stroke/TIA Bloods - FBC, U&E, Glu, Coag, Lipids plus G&S ECG No Aspirin