

Suspected Stroke

If history suggestive of **ACUTE STROKE** (sudden onset of new neurology eg facial droop, limb weakness, speech disturbance)

➔ **Seek Senior Doctor and ask crew to stay.**

- With Senior Doctor perform **ROSIER** (see reverse).
- If positive and no **contra-indications** (see below), Doctor should ring **Berman 1 (59852)** and arrange direct transfer.

NOTE Current window for thrombolysis is **4.5 hrs** from time of symptom onset.

NOTE Berman 1 may already have been contacted - ask paramedic

Contra-indications to direct transfer NCH include:

- **GCS <8**
- **History of loss of consciousness**
- **Sudden onset headache**
- **History of seizure**

Dr to arrange urgent CT head to rule out intracranial bleed

If patient staying in department:

- 1) Fully undress, apply a **gown** and **wrist band**
- 2) Record vital signs: **BP, HR, RR, SpO₂, Temp, BM, GCS, pupils** and **limb power**
Commence Obs Chart and record **Early Warning Score** - follow **ED Escalation Plan**
- 3) **Cannulate** and complete **VIPS**
- 4) Take bloods: **FBC, UE, Clotting Screen** (or if patient on **warfarin** request **INR**)
- 5) Perform **pain score** and give **analgesia** as indicated
- 6) Keep **NBM**, give **IV fluids** unless contraindicated
- 7) If symptoms have resolved - likely **TIA**. If patient on **warfarin** - seek Senior Doctor to arrange urgent **CT HEAD**.
Doctor will perform **ABCD2** risk assessment (**Age, BP, Clinical Signs, Duration, Diabetic**).
If score 4 or above, review needed on **Seacole** within 24 hrs.
If score below 4 review needed within 7 days. **Seacole ward extension 55380**.

Any tasks NOT completed within IAU should be handed over verbally to the team and placed on NURSE ORDERS

ROSIER TOOL

Rule Out Stroke In the Emergency Room

ROSIER SCALE TO DIFFERENTIATE STROKE AND "STROKE MIMICS"

Has there been loss of consciousness or syncope?	Y (-1)	N (0)
Has there been seizure activity?	Y (-1)	N (0)
Is there a new onset (or waking from sleep?):		
i Asymmetric facial weakness	Y (+1)	N (0)
ii Asymmetric arm weakness	Y (+1)	N (0)
iii Asymmetric leg weakness	Y (+1)	N (0)
iv Speech disturbance	Y (+1)	N (0)
v Visual field defect	Y (+1)	N (0)

Score	Likelihood of Stroke
> 0	Stroke is likely
</= 0	Low probability of stroke but not excluded

ABCD² Score

A ge	> / = to 60 years	1 point
B P	SBP >/= 140mmhg or DBP >/= 90	1 point
C linical features	Focal weakness	2 points
	Speech impairment without facial weakness	1 point
D uration of symptoms	>/= 60 minutes	2 points
	< 60 minutes	1 point
D iabetes		1 point

Score	Risk of CVA in 2 days	Actions
0-3 points	1% risk	Referral to TIA clinic for appointment in 7 days. Call clinic (57682) or Seacole ward (59476).
4-5 points	4.1% risk	Refer to Berman ward (59852) for assessment in Fast Track TIA clinic within 24 hrs.
6-7 points	8.1% risk	