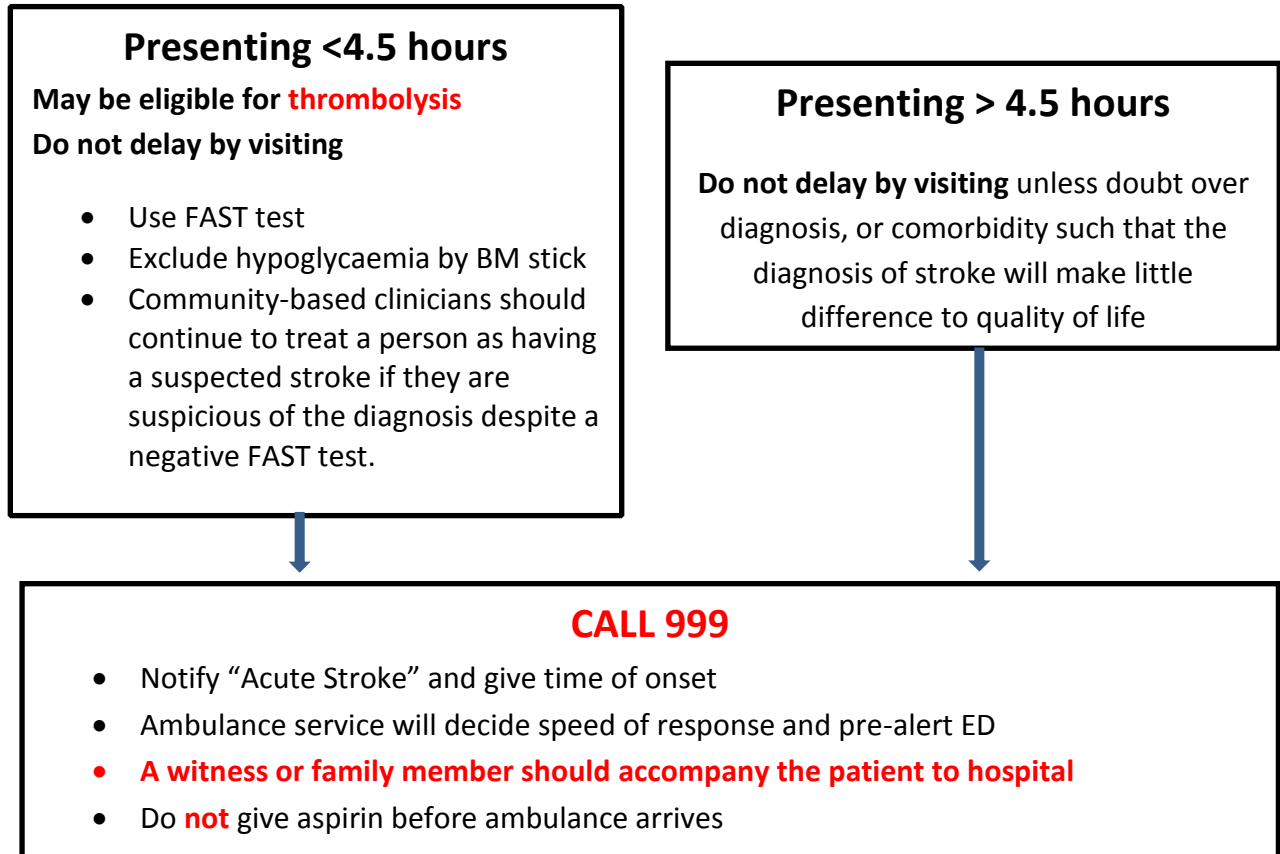


SUSPECTED ACUTE STROKE SYMPTOMS

Patients should be assessed in ED and not referred to the acute medical take



Staff taking calls in GP practices should note that patients with stroke may have speech problems and have difficulty making themselves understood.

Patients who present late (> 7 days) with on-going minor (non-disabling) symptoms suggestive of stroke may be treated as for low risk TIA and referred to the TIA Clinic.

Document name: Suspected Acute Stroke Symptoms	Ref.: STROKE
Issue date: 16 March 2017	Status: v2.0
Author: Dr J Choulerton – Consultant Stroke Physician	Page 1 of 2

SUSPECTED TIA (SYMPTOMS RESOLVED WITHIN 24 HOURS)

Should be seen and referred to the TIA Service the same day using the ICE requesting system. If unable to use ICE, use fax referral form. Do not send standard letters.

High risk referrals will be seen in the TIA clinic within 24 hours, 7 days a week

Low risk referrals will be seen within 7 days of referral

Patients presenting late (>7 days) after suspected TIA should be referred to the TIA Service in the same way, but will usually be dealt with as low risk referrals.

All patients:

- GP/ED give aspirin 300mg immediately, to continue od (if intolerant, give 300mg clopidogrel)
- Consider admission to ED if
 - on anticoagulants (need urgent CT head to rule out bleed)
 - > 1 TIA in 7 days (crescendo TIA)
 - persisting symptoms
- GP/ED - Take routine **stroke bloods** (see later) and immediate **12 lead ECG**
- Inform patient they must not drive until assessed (28 days if TIA confirmed)

At their TIA clinic review, patients may undergo cranial imaging, usually MRI (with diffusion weighted imaging), and may also have a carotid duplex to look for carotid stenosis.

SYMPTOMS OF UNCERTAIN CAUSE /PREVIOUS STROKE FOR REASSESSMENT

Refer to **Stroke Clinic** by standard referral routes

Document name: Suspected Acute Stroke Symptoms	Ref.: STROKE
Issue date: 16 March 2017	Status: v2.0
Author: Dr J Choulerton – Consultant Stroke Physician	Page 2 of 2