NHS
Greater Glasgow and Clyde

CLINICAL GUIDELINE

Stroke and TIA Investigation and Management

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Does this version include changes to clinical advice:	No
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Approval Group:	North Emergency Department Clinical Governance Group

Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

GRI ED STROKE & TIA GUIDELINE

Acute Focal Neurological symptoms?
ALWAYS EXCLUDE HYPOGLYCAEMIA (BM <3.5)
IS PATIENT ANTICOAGULATED?
Refer ROSIER Scale – stroke *vs* stroke mimics

Rosier Scale	YES	NO
Has there been LOC or syncope?	-1	0
Has there been seizure activity?	-1	0
NEW ACUTE onset (or on awakening from sleep)?		
Asymmetric facial weakness	+1	0
Asymmetric arm weakness	+1	0
Asymmetric leg weakness	+1	0
Speech disturbance	+1	0
Visual field defect	+1	0
TOTAL SCORE	**-2 to +5**	

Stroke is likely if total scores are >= 1.
Scores <1 have a low possibility of stroke but are not completely excluded

Rosier Scale < 1

Consider other diagnosis - e.g. Migraine, syncope, seizure
Consider admission or clinic referral (e.g. General Medical, ENT, Neurology, 1st seizure, Falls>65, Arrhythmia, Cardiology, etc)

Discuss with Senior Clinician / Stroke team if still suspicious

Fully resolved?

YES

Treat as TIA / Minor Stroke

Often these patients still benefit from admission which is recommended if:

- ABCD2 score ≥4 (therapeutics handbook)
- Recurrent symptoms
- Atrial fibrillation
- Anticoagulation/coagulopathy (inc DAPT)
- Symptoms more than 1 hour
- Functional status precludes safe discharge

Otherwise treat with Aspirin 300mg daily and refer to TIA Clinic (via Trak)

NO

< 4.5 HOURS FROM DEFINITE TIME OF ONSET

YES

CONSIDER THROMBOLYSIS

- GRI stroke team offer a thrombolysis service, weekdays from 0900 to 1700
- Notify the team using 2222 bleep and activating **GRI Stroke Thrombolysis alert**
- Other times, discuss case with QEUH stroke team

IF NOT for thrombolysis

- Arrange URGENT CT Scan (including out of hours)
- Contact GRI Stroke Staff (M-F/9-5) for possible direct admission to HASU (Wd53) or if wish to discuss
- OOH the stroke page is held by the medical team, who can liaise with GRI stroke consultant on call as needed

- Ascertain patient's pre-stroke status (tPA is not licensed if substantial pre-stroke functional dependency)
- Is there **CLEAR** time of onset (not wake-up etc)
- Is there a **witness** that can verify time of onset
- Is patient on warfarin or DOAC (urgent INR/COAG)
- If > 4½ hours from onset but basilar artery stroke suspected discuss with GRI stroke team on-call and arrange CT Angiogram

For ALL patients with suspected stroke

- Ensure **swallow** assessed and documented
- Ensure 12 lead ECG
- **O_2** sufficient for SaO_2 >94%
- **IV NaCl**, 500mls 2-6 hrly as clinically indicated
- **Paracetamol** 1g PO/PR if pyrexial
- Administer aspirin 300mg PO/PR **after** CT-scan if no contraindications

GRI Stroke Team Contact Details

- Thrombolysis alert 2222 (Mon-Fri 9-5)
- Medical advice ~ Stroke Reg page 13016
- Stroke Nurse ~ Ext 13192/13193 or page 13114/11277 (M-F)
- Clinic queries ~ stroke secretaries 85197/85198 (Mon-Fri 9-5)
- GRI stroke consultant available 24/7 – via switchboard
- OOH Thrombolysis queries to QEUH stroke registrar (83234)

If in any doubt discuss with stroke team

Further information:

- HASU protocols
- Stroke admission pathway
- Thrombolysis protocols:
- Stroke prescribing
- TIA management + ABCD2 scoring

Version	Authors	Created	Modified	Review
2018 2.5	Dr Scott Taylor Dr Fiona Wright	2011	Oct 2021	Nov 2024