

# THROMBOLYSIS CALL IF SUSPECTING ACUTE STROKE

## HISTORY

HPC

- **Duration symptoms**
- **Speed of onset:** Sudden / Gradual
- **Time of onset**
- **Symptoms:** Visual / Facial / Hemiplegia
- **Seizures**
- **Headache**
- **Fevers**
- **Head trauma**
- **Meningitic symptoms:** Neck stiffness / Photophobia
- **Vomiting:** potential aspiration

PMH

- **Diabetic:** Control / Previous Hypoglycaemia
- **Epileptic:** Recent seizure activity
- **Stroke risk factors:** Stroke or TIA / AF / Hypertension
- **Migraine**
- **Clotting disorder**

DH

- **Diabetic medications:** Insulin / Hypoglycaemia
- **Epileptic medications:** Missed doses
- **Anticoagulation**

SH / FH

- **Alcohol status:** Excessive / Sudden abstinence
- **Illicit drug use**
- **Functional baseline**

## EXAMINATION

GENERAL  
OBSERVATIONS

- **Seizure**
- **Facial drop**
- **Trunk hypotonia:** leaning to one side
- **Limb hypotonia:** limb appears flaccid / neglect

AIRWAY

- **Ensure airway patent**

BREATHING

- **Physical Observation:** FiO<sub>2</sub> / RR / SaO<sub>2</sub>
- **Auscultation:** Wheeze / Crackles / Air entry

CIRCULATION

- **Physical Observation:** HR / BP

DISABILITY

- **Physical Observation:** Temp
- **CBG:** Normal / Hypoglycaemic
- **GCS**
- **NIHSS**
- **Cranial nerve exam**
- **Cerebellar neurological exam**
- **Peripheral neurological exam:** Strength / Sensation / Tone / Reflexes / Babinski

EXPOSURE

- **Head injury**
- **Rash:** Petechiae
- **Tongue biting**
- **Urinary incontinence**

## INVESTIGATIONS

BLOODS

- **FBC / U&E / CRP**
- **LFT / Clotting**
- **HbA1c / Cholesterol / Lipid profile**

CBG

- **Capillary blood glucose:** < 4

VBG

- **pH**
- **Glucose**
- **Lactate**

ECG

- **Rate**
- **Rhythm:** AF / Other Arrhythmia / Heart block
- **Ischaemia:** ST segment / T wave inversion / New LBBB

CXR

- **Consolidation**
- **Collapse**

MICRO

- **Cultures:** If Temp > 38

CT HEAD

- **Stroke**
- **Intracranial Haemorrhage**
- **Skull fracture**
- **Space occupying lesion**

DISCUSS WITH SENIOR

MRI HEAD

- **Consider in all possible stroke**
- **Cerebellar stroke**

DISCUSS WITH SENIOR

## POTENTIAL DIFFERENTIALS

STROKE  
HAEMORRHAGIC /  
INFARCTION

HYPOGLYCAEMIA

TIA

POST SEIZURE  
HEMIPLEGIA

INTRACRANIAL  
HAEMORRHAGE  
SAH / SUBDURAL /  
EXTRADURAL

ENCEPHALITIS  
MENINGITIS

BELLS Palsy

CONVERSION  
DISORDER