

# 17. Stroke Algorithm

This clinical pathway is intended to supplement, rather than substitute for, professional judgment and may be changed depending upon a patient’s individual needs. Failure to comply with this pathway does not represent a breach of the standard of care.

Identify signs of Possible Acute Stroke	
Patient <b>MUST</b> be seen by the doctor <b>within 10 minutes</b> of arrival	
Test	Findings
<b>Facial Droop:</b> Have patient show teeth or smile	<b>Normal</b> – both sides of face move equally <b>Abnormal</b> – one side of face does not move as well as the other
<b>Arm Drift:</b> Patient closes eyes and extends both arms straight out, with palms up, for 10 seconds	<b>Normal</b> – both arms move the same or both arms do not move at all <b>Abnormal</b> – one arm does not move or one arm drifts down compared with the other
<b>Abnormal Speech:</b> Have the patient repeat a sentence	<b>Normal</b> - patient uses correct words with no slurring <b>Abnormal</b> – patient slurs words, uses the wrong words, or is unable to speak
<b>Interpretation:</b> If any <b>1 of these 3</b> signs is abnormal, the probability of a stroke is <b>72%</b> . The presence of <b>ALL 3 findings</b> indicates that the probability of stroke is <b>&gt;85%</b>	

- Monitor, support ABCs in the **Resuscitation Room (ER)**
- Check vital signs (BP, PR, RR, SPO<sub>2</sub>, T° C).
- Start Oxygen **IF** SPO<sub>2</sub> ≤ 94%. Maintain SPO<sub>2</sub> > 94%
- **Check Glucose** and treat if < **3.3mmol/L** with 50mL 50% Dextrose bolus. Maintain blood glucose between **7.7- 10mmol/L**
- Establish **14-16G IV Access** and send samples for **FBC, UEC, Coagulation Screen**
- Perform brief, targeted history, physical exam, **NIH Stroke Scale**; **indicate time when patient last known normal**

Time from onset of symptoms < 4.5 hours?

No

- Obtain brain MRI/CT Scan
- **Haemorrhage**
- Consult a **Neurosurgeon**
- **No Haemorrhage**
- Give 300mg Aspirin
- **Admit Stroke Unit**

Yes

- Obtain **immediate non-contrast enhanced brain CT scan within 25 minutes** of patient arrival.
- The **ER doctor MUST** accompany the patient to CT to **get the CT report immediately**

Does CT scan show any haemorrhage?  
CT should be interpreted **within 45 minutes** of patient arrival

No Haemorrhage

Haemorrhage

Consult a **Neurologist**  
See **Stroke Reperfusion Checklist**

Consult a **Neurosurgeon**

National Institutes of Health Stroke Scale (NIHSS)								
1a. Level of consciousness	<input type="checkbox"/> 0 = Alert; keenly responsive <input type="checkbox"/> 1 = Not alert, but rousable by minor stimulation <input type="checkbox"/> 2 = Not alert; requires repeated stimulation <input type="checkbox"/> 3 = Unresponsive or responds only with reflex	7. Limb ataxia				<input type="checkbox"/> 0 = Absent <input type="checkbox"/> 1 = Present in one limb <input type="checkbox"/> 2 = Present in two limbs		
b. Level of consciousness questions: What is the month? What is your age?	<input type="checkbox"/> 0 = Both answers correct <input type="checkbox"/> 1 = Answers one question correctly <input type="checkbox"/> 2 = Answers both questions incorrectly	8. Sensory				<input type="checkbox"/> 0 = Normal; no sensory loss <input type="checkbox"/> 1 = Mild-to-moderate sensory loss <input type="checkbox"/> 2 = Severe to total sensory loss		
c. Level of consciousness commands:	<input type="checkbox"/> 0 = Performs both tasks correctly <input type="checkbox"/> 1 = Performs one task correctly <input type="checkbox"/> 2 = Performs neither task correctly	9. Best language				<input type="checkbox"/> 0 = No aphasia; normal <input type="checkbox"/> 1 = Mild to moderate aphasia <input type="checkbox"/> 2 = Severe aphasia <input type="checkbox"/> 3 = Mute, global aphasia		
2. Best gaze	<input type="checkbox"/> 0 = Normal <input type="checkbox"/> 1 = Partial gaze palsy <input type="checkbox"/> 2 = Forced deviation	10. Dysarthria				<input type="checkbox"/> 0 = Normal <input type="checkbox"/> 1 = Mild to moderate dysarthria <input type="checkbox"/> 2 = Severe dysarthria		
3. Visual	<input type="checkbox"/> 0 = No visual loss <input type="checkbox"/> 1 = Partial hemianopia <input type="checkbox"/> 2 = Complete hemianopia <input type="checkbox"/> 3 = Bilateral hemianopia	11. Extinction and inattention				<input type="checkbox"/> 0 = No abnormality <input type="checkbox"/> 1 = Visual, tactile, auditory, spatial, or personal inattention <input type="checkbox"/> 2 = Profound hemi-inattention or extinction		
4. Facial palsy	<input type="checkbox"/> 0 = Normal symmetric movements <input type="checkbox"/> 1 = Minor paralysis <input type="checkbox"/> 2 = Partial paralysis <input type="checkbox"/> 3 = Complete paralysis of one or both sides	Total Score = 0 - 42						
5. Motor Arm a. Left Arm (LA) b. Right Arm (RA)	0 = No drift 1 = Drift 2 = Some effort against gravity 3 = No effort against gravity; limb falls 4 = No movement	LA	RA	LL	RL	Time	Total Score	
6. Motor Leg a. Left Leg (LL) b. Right Leg (RL)		<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0			
		<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1			
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2			
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3			
	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4				