

Code Stroke

Procedure

TARGET AUDIENCE and SETTING

All clinical staff working at Monash Health Emergency Departments where patients may present with signs and symptoms of Stroke.

PURPOSE

To provide safe, timely, effective and consistent care to patients presenting with signs and symptoms of Stroke at any Monash Health Emergency Department.

STANDARD REQUIREMENTS

When undertaking any clinical interaction with a patient, staff are expected to;

- Perform routine hand hygiene. Refer to the [Hand Hygiene Procedure](#).
- Introduce themselves to the Patient and Carer/ Family if in attendance
- Check patient identification. Refer to the [Patient Identification Procedure](#).
- Obtain consent as per the [Consent to Medical Treatment Procedure](#).
- Keep the patient/carer informed and involve them in decision making.
- Document interaction in the electronic medical record or health record using black pen; including date, time, signature and designation.

EQUIPMENT

- Emergency Department Senior Doctor and Nurse
- Stroke Consultant and Registrar
- Stroke Nurse Practitioner and Nurse Consultant
- Neuro-interventional Radiologist, Fellow and Nurse
- Radiology Registrar
- CT Technologist/Radiology nursing

PROCEDURE

CODE STROKE INCLUSION CRITERIA

1. Melbourne Ambulance Stroke Screen (MASS)

- Facial droop
 - The patient is asked to show teeth or smile.
 - Abnormal = one side does not move as well as the other
- Speech
 - The patient repeats “you can’t teach an old dog new tricks”.
 - Abnormal = patient slurs words, says wrong words, or is unable to speak or understand

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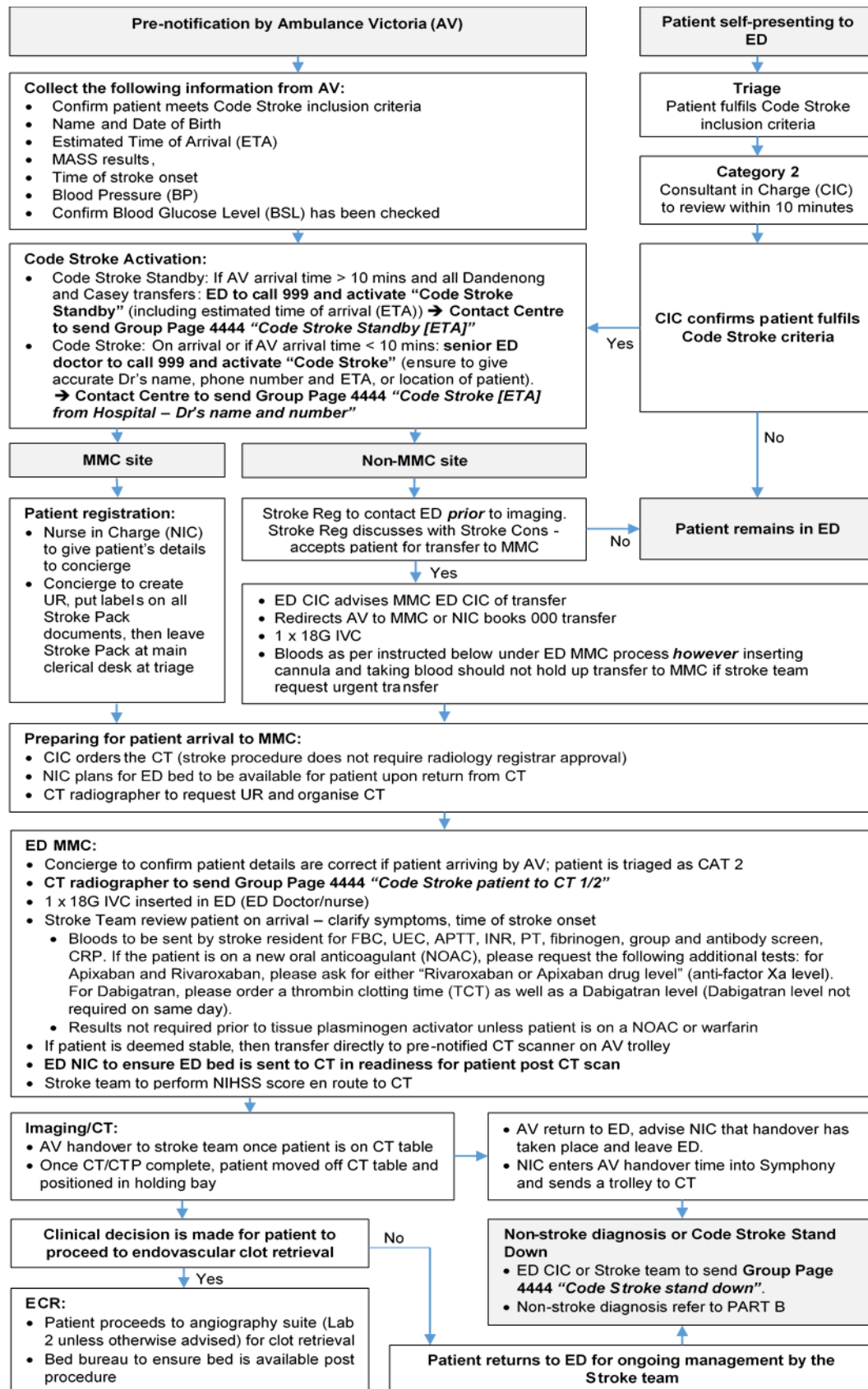
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- Hand Grip
 - Abnormal = unilateral weakness
 - Blood Glucose
 - Ensure normal range
- 2. Does the patient normally live at home, or could they manage for 1 week without assistance of another person?**
- Patients with moderate or severe dementia, or living in a high-level care facility are excluded
- 3. Is the patient normally able to walk without a gait aid or the assistance of another person?**
(Please Note: This is Ambulance Victoria Criteria and assessment by Monash Health staff will form part of the patients overall clinical assessment)
- Patients unable to walk without assistance are excluded
- 4. Consider symptom onset time**
- *Within 6 hours of known symptom onset*
 - Any of the above MASS symptoms, including patients with resolving or transient symptoms
 - *From 6 to 24 hours with persistent, non-resolving symptoms (patients who wake up with symptoms are eligible if <24 hours from last seen well)*
 - New arm weakness
 - Cortical neurological symptoms
 - Dysphasia or aphasia
 - Hemianopia
 - Visual or tactile neglect
 - Apraxia

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PROCEDURE – PART A



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PART B

CODE STROKE STAND DOWN

- The Senior Emergency Department Doctor or the Stroke Consultant/Registrar can decide if at any time it is felt the patient is not suitable for tissue plasminogen activator or clot retrieval, the Code Stroke is stood down.
- Notify the Stroke Team to Stand Down: send Group Page 4444 *"Code Stroke stand down"*.

THE CODE STROKE TEAM WILL:

- Manage all patients who present with stroke and need intervention, and arrange admission by speaking to the inpatient stroke consultant
- Manage all patients who present with stroke but are not eligible for intervention, and arrange admission by speaking to the inpatient stroke consultant
- Refer all neurological patients to the inpatient Neurology team (i.e. seizure, migraines)
- Facilitate discharge of all TIA patients, or mimics such as migraine if they are well enough to go home by referring to care co-ordinator
- Refer all neurosurgical patients directly to neurosurgery
- Discuss with ED doctor allocated to patient regarding undifferentiated/unstable patients for further management, this may include a likely diagnosis (e.g. CNS infection, delirium etc) and recommendation of further investigations.

RELATED DOCUMENTATION

[Monitoring of vital signs in the emergency department – Procedure](#)

[Alteplase for Acute Ischaemic Stroke](#)

[Endovascular Clot Retrieval \(ECR\) Patient Information Sheet](#)

[Stroke Thrombolysis Patient Information Sheet](#)

[Stroke Treatment and Care Patient Information Sheet](#)

KEYWORDS

TIA, ECR, tPA

Document Governance		
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This Procedure has been endorsed by an EMR Subject Matter Expert (SME)	There are no Order Set or Quick Reference Guides linked	