Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Title: Acute Mangement of Symptomatic Carotid Stenosis Care Bundle

STROKE

Version: 1.2

Acute Management of Symptomatic Carotid Stenosis Care Bundle		
Patients with non-disabling acute symptomatic carotid stenosis should have	Date and time of admission ___/___/____ ____:_____	Signature Physician/Nurse
All acute ischaemic stroke/TIA patients should have early carotid imaging (not later than 72 hours), unless carotid revascularisation is contraindicated		
Aspirin, when carotid stenosis is identified (150-300mg one-time loading unless contraindicated)		
Potential candidates for carotid revascularisation should have early referral to a multi-disciplinary team comprising Stroke Specialists and Vascular Surgeons		
Carotid endarterectomy within 2 weeks of symptoms for maximum benefit, when endarterectomy is performed		
Care delivered in accordance with agreed inter-hospital referral protocols should operate to ensure rapid referral between treating physicians and regional Stroke and Vascular Surgery service		
Care delivered in accordance with agreed inter-hospital bed management protocols should operate to ensure early transfer between referring hospitals and regional Vascular Surgery units		

Approved by: National Stroke Project Team and Working Group including national clinical leads for stroke Profs. Peter Kelly & Joe Harbison and the Irish Association of Vascular Surgeons
Approval Date: February 2012
Review Date: February 2014
Contact person for queries/feedback: carmel.brennan@hse.ie

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***Non-disabling events:** Acute TIA or non-disabling ischaemic stroke. Patients with disabling ischaemic stroke were not included in clinical trials of carotid endarterectomy. However, endarterectomy may be reasonably considered for such patients on a case-by- case basis
Carotid Stenosis Definition: Carotid stenosis is defined as narrowing of the internal carotid artery lumen of 50-99%, assessed by non-invasive imaging or angiography. Before intervention, consideration should be given to confirming the degree of lumen narrowing with a second imaging modality, if non-invasive imaging is used
Carotid Stenting: Carotid stenting may be considered for specific patient groups: 1. Participants in randomised trials 2. Prior neck surgery, irradiation, endarterectomy 3. Difficult anatomy 4. Tandem stenoses
Protocols: Inter-hospital protocols should be operational and subject to audit to ensure rapid communication between referring physicians and accepting Stroke and Vascular Services. Similar protocols should be operational and subject to audit with Bed Management offices at all referring and accepting hospitals to ensure that priority status is provided to patients with recently-symptomatic carotid stenosis for hospital admission to accepting Stroke/Vascular Services, and for return of patients to referring hospitals after treatment.

****Source: Irish Heart Foundation, European Stroke Organisation, American Stroke Association Guidelines***

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