### Acute Management of Symptomatic Carotid Stenosis Care Bundle

<table>
<thead>
<tr>
<th>Patients with non-disabling acute symptomatic carotid stenosis should have</th>
<th>Date and time of admission</th>
<th>Signature Physician/Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>All acute ischaemic stroke/TIA patients should have early carotid imaging (not later than 72 hours), unless carotid revascularisation is contraindicated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aspirin, when carotid stenosis is identified (150-300mg one-time loading unless contraindicated)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potential candidates for carotid revascularisation should have early referral to a multi-disciplinary team comprising Stroke Specialists and Vascular Surgeons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carotid endarterectomy within 2 weeks of symptoms for maximum benefit, when endarterectomy is performed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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
# Acute Management of Symptomatic Carotid Stenosis Care Bundle

## 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*