Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

**Title: Acute Stroke Management Care Bundle for ED and AMU**
**Version: 1.2**

STROKE

| Acute Stroke Management Care Bundle for ED and AMU | | |
|---|---|---|
| **All people presenting to emergency departments with stroke-like symptoms should** | Date and time of admission ___/___/____ ____:_____ | Signature Physician/Nurse |
| Rapid initial stroke screen* | | |
| ABCD2 assessment when TIA suspected<br>A Age: ≥ 60 years (1 point)<br>B Blood pressure: ≥ 140/90mmHg (1 point)<br>C Clinical features:<br>▪ unilateral weakness (2 points),<br>▪ speech impairment without weakness (1 point)<br>D Duration: > 60 mins (2 points), 10-59 mins (1 point)<br>D Diabetes (1 point)<br><br>Tool interpretation: >4 = HIGH risk; ≤4 = LOW risk. Max score = 7 | | |
| Urgent CT or MRI† | | |
| Nil by mouth until bedside swallow screen for stroke | (Within 24 hrs) | |
| Aspirin as soon as possible, if haemorrhage excluded<br>150-300mg one-time loading unless contraindicated | | |
| Physiological monitoring and management:<br><br>Neurological status: Regular monitoring to establish baseline and identify change<br>Blood glucose: Cautious treatment of markedly elevate blood glucose levels; early, intensive maintenance of euglycaemia is not recommended. Avoid hypoglycaemia<br>Blood pressure: Cautious lowering by no more than 10-20% only if recommended by guidelines‡; monitor for neurological deterioration. Avoid hypotension<br>Hydration status: Maintain euvolemia. | | |

†CT or MRI: See separate guidance sheet.

‡Control of Hypertension following stroke: See separate guidance sheet.

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

# Acute Stroke Management Care Bundle for ED and AMU

***Rapid initial stroke screen:**

Mechanisms for urgent identification and triage should be available in all Emergency departments admitting stroke patients. The diagnostic accuracy of ED staff is increased by the use of a validated stroke recognition tool and training in that tool. Rapid and accurate diagnosis leads to earlier and more appropriate referrals to organised stroke care which in turn should lead to timely treatment and better outcomes. One validated tool available is the ROSIER score.

## ROSIER Scale
## Stroke Assessment

**The aim of this assessment tool is to enable medical and nursing staff to differentiate patients with stroke and stroke mimics.**

**Assessment** Date ☐☐☐☐☐☐ Time ☐☐☐☐

**Symptom onset** Date ☐☐☐☐☐☐ Time ☐☐☐☐

**GGS** E=☐ M=☐ V=☐ **BP** ☐☐ ***BM** ☐

**** If BM < 3.5 mmol/l treat urgently and reassess once blood glucose normal***

Has there been loss of consciousness or syncope? Y (-1) ☐ N (0) ☐

Has there been seizure activity? Y (-1) ☐ N (0) ☐

Is there a NEW ACUTE onset (or on awakening from sleep)?

| | | | |
|---|---|---|---|
| I. | Asymmetric facial weakness | Y (+1) ☐ | N (0) ☐ |
| II. | Asymmetric arm weakness | Y (+1) ☐ | N (0) ☐ |
| III. | Asymmetric leg weakness | Y (+1) ☐ | N (0) ☐ |
| IV. | Speech disturbance | Y (+1) ☐ | N (0) ☐ |
| V. | Visual field defect | Y (+1) ☐ | N (0) ☐ |

*Total Score _____ (-2 to +5)

Provisional diagnosis: ☐ Stroke ☐ Non-stroke (specify) ____________________

* Stroke is likely if total scores are > 0. Scores of </= 0 have a low possibility of stroke but not completely excluded.

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