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| **NEURO** | **CALL** | **Form B: Stroke Team***Place patient sticker here* |
| **Section 1: Stroke Team checklist before CT scan** |
| **History** |
| □ **Stroke onset time, or time last seen well:** |
| □ **Relevant medical history*** Atrial fibrillation?
* Renal impairment?
* Recent surgery?
* History of bleeding?
 |
| □ **Advanced care directives?** |
| □ **Medications*** Anti-coagulants? *(Time last dose taken?)*
* Anti-platelet agents?
* Nephrotoxins?
* Other:
 |
| □ **Pre-morbid function** |
| **Examination** |
| □ **Vital signs*** Blood glucose level
* Blood pressure
* GCS
 |
| □ **NIH Stroke Scale** *(Document on separate form from ‘NEURO CALL’ BOX)* |
| □ **Stroke mimics?** |
| □ **Potential sources of bleeding?** |
| **Doctor responsible for this assessment:**□Neurology□Medical□Registrar□Consultant |

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| **NEURO** | **CALL** | **Form B: Stroke Team** |
| **Section 1: Stroke Team checklist before CT scan (continued)** |
| **Investigations** |
| □ **Renal function*** Creatinine:
* eGFR:

 *Creatinine and eGFR can be taken from most recent blood results.* *If none available, take screening creatinine from venous blood gas.* *Must transcribe onto CT request form (use pre-printed form from ‘NEURO CALL’ BOX).* |
| □ **Request urgent bloods, and notify haematology lab (phone 28014)** *Liaise with Emergency Nurse (use pre-printed form from ‘NEURO CALL’ BOX).** INR:
* Platelets:
 |

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| **Section 2: CT scan** |
| □ **Arrange urgent transfer to CT-scanner at Darwin Private Hospital (phone 8928 9821)** |
| □ **Ensure patient is stable and has two working IV cannulas (at least one 18G)** |
| □ **Accompany patient with ED nurse and Stroke Team to CT-scanner** |
| □ **Notify Stroke Consultant once imaging is complete for decision** |
| □ **Return to ED with patient** *(Resus bay if likely decision to give thrombolysis)* |
| □ **CT report:**Time report received:Reporting radiologist: |
| **NEURO** | **CALL** | **Form B: Stroke Team** |
| **Section 3: Inclusion & exclusion criteria** |
| **Inclusion criteria** |
| * Onset of symptoms consistent with ischaemic stroke

within preceding 4.5 hours *(at time of commencing thrombolytics)* | □ **YES** □ **NO** |
| * Potentially disabling neurological deficit
 | □ **YES** □ **NO** |
| * CT rules out haemorrhage or non-vascular cause of stroke
 | □ **YES** □ **NO** |
| **Exclusion criteria − absolute** *(do not administer thrombolytics)* |
| * Uncertainty about time of stroke onset

*(including last seen well >4.5 hours ago)* | □ **YES** □ **NO** |
| * Hereditary or acquired coagulopathy
	+ INR >1.7
	+ Platelet count <100 ×109/l
	+ On heparin with aPTT elevated
	+ LMWH or other oral anticoagulant within last 12 hours
 | □ **YES** □ **NO** |
| * Clinical and radiological suspicion of subarachnoid haemorrhage
 | □ **YES** □ **NO** |
| * Suspected septic embolus
 | □ **YES** □ **NO** |
| * Hypertension *(systolic BP >185 mmHg, OR diastolic BP >110 mmHg)*
 | □ **YES** □ **NO** |
| * Seizure at symptom onset without vessel occlusion
 | □ **YES** □ **NO** |
| * CT evidence of extensive MCA territory infarction *(>⅓ of MCA territory)*
 | □ **YES** □ **NO** |
| **Exclusion criteria − relative** *(administer thrombolytics with caution and appropriate consent)* |
| * Age < 18 years
 | □ **YES** □ **NO** |
| * Pregnancy
 | □ **YES** □ **NO** |
| * Abnormal BGL *(<3.6 mmol/l, or >22.2 mmol/l; treat and re-evaluate)*
 | □ **YES** □ **NO** |
| * CT-perfusion shows an infarct core (CBF/CBV) >70 ml with minimal penumbral mismatch
 | □ **YES** □ **NO** |
| * Stroke or serious head trauma in the past 3 months

*(Risks of bleeding considered to outweigh benefits of thrombolysis)* | □ **YES** □ **NO** |
| * Known history of intracranial haemorrhage, subarachnoid haemorrhage, arteriovenous malformation, or intracranial neoplasm

*(Risks of bleeding considered to outweigh benefits of thrombolysis)* | □ **YES** □ **NO** |
| * Suspected recent myocardial infarction *(within last 30 days)*
 | □ **YES** □ **NO** |
| **NEURO** | **CALL** | **Form B: Stroke Team** |
| **Section 3: Inclusion & exclusion criteria (continued)** |
| * Recent *(within 30 days)* parenchymal organ biopsy or surgery, trauma with internal injuries, partuition, gastrointestinal or urinary tract haemorrhage, that would increase the risk of unmanageable *(e.g. by local pressure)* bleeding
 | □ **YES** □ **NO** |
| * Cardiopulmonary resuscitation, or arterial puncture at non-compressible site within the last 7 days
 | □ **YES** □ **NO** |
| * Severe co-morbidities *(limiting life expectancy or posing treatment risk)*
 | □ **YES** □ **NO** |
| * Pre-existing dementia or severe dependency
 | □ **YES** □ **NO** |
| * Minor, or rapidly improving non-disabling neurological deficit *(if CT-angiogram is normal)*
 | □ **YES** □ **NO** |
| * Dose of oral anti-coagulant *(e.g. apixaban, dabigatran, rivaroxaban)* last administered within last 12 hours
 | □ **YES** □ **NO** |
| **Doctor responsible for this assessment:**□Neurology□Medical□Registrar□Consultant |

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| **Section 4: Decision to thrombolyse and post-thrombolysis management** |
| **Informed consent** *(Document on Consent Form from ‘NEURO CALL’ BOX)* | □ **YES** □ **NO** |
| □ Informed consent obtained from patient *(if the patient is able to make and communicate decision)*□ Informed consent obtained from proxy□ Unable to obtain informed consent |
| **Stroke Consultant responsible for final decision to administer thrombolytics:**□Neurology Consultant□MedicalConsultant |
| □ **Write dose of thrombolytics on medication chart**□ **Write maintenance saline infusion on medication chart**□ **Institute post-thrombolysis plan** *(see Stroke Thrombolysis protocol for details)*□ **Arrange patient transfer to ICU** |