Managed Clinical Network for Stroke
Accident & Emergency Protocol

TIME IS BRAIN → TIME IS BRAIN → TIME IS BRAIN → TIME IS BRAIN → TIME IS BRAIN

DOES THE PATIENT HAVE ONGOING SYMPTOMS SUGGESTIVE OF STROKE?

FAST TEST

Facial weakness:	Can the person smile? Has their mouth or eye drooped?
Arm weakness:	Can the person raise both arms?
Speech problems:	Can the person speak clearly and understand what you say?

Test all three symptoms

A&E nursing staff

A&E medical staff

ROSIER Score *(from history or examination)***

Loss of consciousness:	Yes: -1	No: 0
Seizure activity:	Yes: -1	No: 0
Is there a **NEW ACUTE** onset or on awakening from sleep of the following?		
Speech disturbance:	Yes: +1	No: 0
Unilateral face weakness:	Yes: +1	No: 0
Unilateral arm weakness:	Yes: +1	No: 0
Unilateral leg weakness:	Yes: +1	No: 0
Visual field deficit:	Yes: +1	No: 0
	TOTAL	

***Posterior circulation stroke may have score <1 but can only be considered for thrombolysis after discussion with Stroke consultant*

Total Score ≥1: Stroke likely.

Total Score <1: Stroke unlikely. Consider alternative diagnosis.

Onset <4½ hours and no contraindication to thrombolysis?**

Time since onset >4½ hours or unknown?

Usual management

Contact STROKE THROMBOLYSIS SERVICE via switchboard

Ensure witness stays with patient

Check bloods (FBC, U+E, glucose, PT/APTT) **urgently**

Insert 2 green venflons

ECG

ABSOLUTE CONTRA-INDICATIONS

- Symptoms beginning more than 4½ hours prior to infusion start or when time of symptom onset is unknown
- Known history of, or suspected intracranial haemorrhage
- Symptoms suggestive of subarachnoid haemorrhage, even if CT-scan is normal
- Manifest or recent severe or dangerous bleeding
- Known clotting disorder

Protocol partially adapted from existing NHS Highland protocol