MATER HOSPITAL
A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

Acute Stroke Policy D/2016/99016[V3]		
Authorised by:	Director Medical Services	No. of pages: 4

Policy Statement

Stroke is a clinical emergency and rapid assessment and management of patients with stroke is fundamental to reducing mortality and disability. The Mater hospital will ensure that all patients with suspected stroke are assessed with a validated stroke screening tool and transferred urgently to an acute stroke unit for initial intervention and ongoing stroke management.

Scope of Policy

This policy refers to medical and surgical inpatients of the Mater hospital that may develop acute signs of stroke during their period of admission. All employed and accredited clinical staff (medical, nursing and allied health) should be aware of the stoke policy and protocols for urgent assessment, initial management and transfer of suspected stroke.

Definitions

CB	Code Blue
CMO	Career Medical Officer
FAST	Face/Arm/Speech/Time assessment tool for potential stroke
ICU	Intensive Care Unit
ROSIER	Recognition Of Stroke In the Emergency Room Scale
RR	Rapid Response

Roles & Responsibilities

All medical, nursing and allied staff must be aware of the processes involved in the recognition and the escalation of care of the patient suffering acute stroke and ensure that they comply with these processes.

General Guidelines/Procedure

1. Governance

The Hospital Executive supports the use of the Acute Stroke Policy (and its associated transfer protocol) to ensure the appropriate escalation of care for the Mater Hospital patient suffering an acute stroke. Implementation of policy, education, audit and review of the system will be overseen by the Patient Care Review Committee which will report to the Medical Advisory Committee.

2. Rationale

Stroke is a clinical emergency. Early identification, rapid assessment, and access to time dependent interventions and appropriate ongoing management improves outcomes in stroke patients. It is recommended that all hospitals have systems in place to ensure that all stroke patients receive appropriate care in a time-dependent manner in a Stoke Unit. Appropriate hyper-acute care (thrombolysis/mechanical clot retrieval) and admission to a stroke unit are recommended as best practice for improving stroke management (reducing initial death and

disability after stroke and decreasing mortality by preventing complications related to the stroke). Initial treatment is time-dependent. Thrombolysis should be conducted on all stroke patients that meet criteria within 4.5 hours of onset of symptoms or in the case of 'wake up stroke'. Neuro-intervention (clot retrieval or intra- arterial thrombolysis should be conducted on patients that meet criteria within 6 hours of onset of symptom of in 'wake-up stroke'

3.1. Admission of a patient exhibiting signs consistent with actual or possible stroke contravenes best practice guidelines for acute stroke management. This also applies to patients who have been diagnosed with a deficit due to stroke and who require stroke rehabilitation services.
3.2. All nursing staff should be familiar with signs and symptoms of stroke, be familiar with the FAST tool (appendix A) and have attended education on stroke within the last 24 months.
3.3. All patients with suspected stroke should be escalated for review by use of a Rapid Response Call or Code Blue Call.
3.4. Take BSL urgently and if < 4 mmol/L treat as per hypoglycaemia policy and reassess once BSL is normal.
3.5. Patients with suspected stroke should be seen by a medical officer immediately (< 10 minutes) and should be assessed for potential stroke signs and symptoms. The Rosier Scale in Appendix B may be used to assess the patient.
3.6. Notify the patients admitting VMO at the Mater as to what is happening and the plan for transfer.
3.7. Call 000 for an ambulance transfer to Royal North Shore Hospital Emergency Department (RNSH ED) as soon as possible after diagnosis of potential stroke. Ensure that the control centre is aware the call is for an 'acute stroke' and that the ambulance dispatch priority is 'emergency' or 'immediate'.
3.8. Call the Admitting Officer at RNSH ED (ring RNSH switch on 99267111 and ask for the Admitting Officer in ED) to notify that you are transferring an acute stroke. The ED staff will activate their acute stroke protocol and will decide on the most appropriate treatment modality taking into account the patient's recent history (including timing and type of surgery), co-morbidities, size and site of stroke and degree of tissue damage already present.
3.9. A CT brain/CT angiogram is not necessary. The RNSH ED will conduct these tests on the patient's arrival as part of their acute stroke protocol.

3.10. A letter should be written for the ED Admitting Officer outlining acute events, reason for admission, types and times of surgery or other procedure, patient history and co-morbidities .Have the medication chart and notes photocopied if possible and include a copy of recent bloods

3.11. Patients who are obtunded or unstable must be referred to ICU urgently for assistance with management and may need intubation and formal retrieval to a stroke centre. The aim should still be for transfer and treatment within the 4.5 hour window period.

3.12. In the case of oncology/ palliative care patients please call the admitting VMO urgently prior to calling for ambulance transfer. The VMO will guide appropriate care.

3.13. Please ensure that you discuss the potential transfer with the patient and family, explaining the reasons and potential management options. If a patient should refuse transfer ensure they are aware of potential outcomes without treatment in a stroke unit. Document fully, discuss with the patient's admitting VMO and refer to a Mater neurologist immediately for assistance with ongoing management at the Mater.

3.14. Patients who are not suitable for acute intervention will be admitted to RNSH stroke unit for immediate and ongoing management as per Acute Stroke Clinical Care standards and Clinical Guidelines for Stroke Management.

3.15. Patients diagnosed as not having suffered a stroke will be re-admitted to the Mater for ongoing care.

3.16. Patients who have had a stroke but are deemed palliative will be re-admitted to the Mater for ongoing care.

3.17. Delaying transfer out to a stroke unit contravenes best practice guidelines for acute stroke management.

Evaluation

Compliance will be evaluated through Riskman reports and morbidity and mortality review

National Safety & Quality Heath Service Standards (NSQHS)

Standard 1 – Clinical Governance

Standard 8 - Recognising and Responding to Acute Deterioration

References

Australian Commission on Safety and Quality in Health Care. *Acute Stroke Clinical Care Standard*. Sydney; ACSQHC, 2019. First released 2015. Updated in October 2019.

Stroke Foundation. Clinical guidelines for stroke management 2017. [Internet] Melbourne: Stroke Foundation; 2017 Available from: https://informme.org.au/en/Guidelines/Clinical-Guidelines-for-Stroke-Management

Stroke Foundation. National acute stroke services framework 2019. Melbourne: Stroke Foundation; 2019. Available from: https://strokefoundation.org.au/What-we-do/For%20health%20professionals%20and%20researchers/audits

Revision History

Date Written: 27/10/2016

Date of Last Review: 06/04/2021

Date of Next Review: April 2024

Reviewed By: Director Medical Services

Committee Approval: Patient Care Review Committee/Medical AC

Date:

Approved by: Director Medical Services

Date: 06/04/2021