

Lothian guideline for GPs seeing, or taking calls about, patients with suspected Acute Stroke or TIA

Assess

Q		Y	N
1	Has the patient new focal neurological deficits? e.g. F acial weakness, A rm weakness, S peech problem		
2	Are the symptoms still present?		
3	Did the symptoms come on rapidly?		
4	Did the symptoms start within last 4 hours?		
5	Did the symptoms start whilst awake?		

Refer

- If all answers are YES – the patient may benefit from thrombolysis



Ring 999 immediately and ask for emergency ambulance for acute stroke

[TIME IS BRAIN!]

- If symptoms persist (**Q2 = YES**) but not very recent onset (**Q4 or Q5 = NO**) the patient is NOT suitable for thrombolysis but should be admitted or discussed with stroke specialist today



Ring Flow Centre (bed bureau) **or**
24 hour Stroke Hotline if not planning to admit

- If symptoms have completely resolved (**Q2 = NO**) then likely to be a TIA [resolves in a few hours (<24 hours)]



Ring Stroke Hotline to discuss immediate management with stroke specialist to see in stroke/TIA clinic within 4 days.

If appropriate, specialist may suggest:

- FBC, ESR, U&Es, Glucose, CHOL, LFTs
- Clopidogrel 300mg stat followed by 75mg daily and start Simvastatin 40mg nocte
- A switch to Clopidogrel if already on Aspirin
- Aspirin 75mg and Dipyridamole MR 200mg bd instead of clopidogrel if clopidogrel intolerant

- If no focal symptoms (**Q1 = NO**) or symptoms came on gradually (**Q3 = NO**) then TIA/stroke are much less likely



If referral thought necessary, refer to another service (e.g. Neurology, Medicine of the Elderly, General Medicine)

Stroke Hotline – (0131) 536 1019

for immediate pick-up 24 hrs, 7 days per week

