T Hospital Code: ____

DIVISION OF EMERGENCY MEDICINE

ISCHAEMIC STROKE MANAGEMENT

MRN
Surname
Given Names
Date of Birth
Sex
Please affix Patient Identification Label Here

T Presentation Date ☐☐ / ☐☐ / ☐☐☐☐ **T Presentation Time** ☐☐:☐☐

T ANTITHROMBOTIC THERAPIES	***If No prior antiplatelet therapy*** ☐ **YES** Aspirin 300mg stat☐
T ANTIPLATELET THERAPIES	***If Ischaemic stroke on aspirin*** ☐ **YES** Continue aspirin and consider addition of dipyridamole SR or conversion to clopidogrel (in discussion with stroke team) ☐
T	***If History of aspirin intolerance*** ☐ **YES** Clopidogrel or dipyridamole SR ☐
T	***If Clinical suspension of active peptic ulcer disease*** ☐ **YES** Commence clopidogrel ☐
T	***If Ischaemic stroke on combination antiplatelet therapy*** ☐ **YES** Discuss management options with stroke team ☐
ANTICOAGULANT THERAPY	***If Ischaemic stroke on warfarin - mild - moderate*** ☐Continue warfarin
	If Ischaemic stroke on warfarin - severe deficit (SSS <10 and /or TACS) ☐ Withold warfarin
	Consider anticoagulation with heparin in consultation with stroke team if: • AF and minor stroke deficit • suspected evolving progressive basilar artery occlusion • suspected extracranial carotid or vertebral artery dissection ☐ **YES Heparin used**
BLOOD PRESSURE MANAGEMENT	***Prior antihypertensive drug therapy*** ☐ Continue usual therapy unless BP < 120 systolic
	No prior antihypertensive drug therapy **YES** **AVOID blood pressure lowering in the initial 24 hours from stroke onset unless** 1. Discussed with stroke team and - 2. Features of hypertensive encephalopathy or possibly in setting of AMI, ARF, acute CCF 3. BP> 230 systolic and/or 140 diastolic and blood pressure lowering considered appropriate by stroke team

Management Plan

Medical Officer Signature: _____
(Please Print)
Designation: _____

Name: _____

This tool is intended as a guideline for clinicians to provide quality patient care. It is not intended, nor should it replace, individual clinical judgement.