

STROKE/TIA - TRIAGE, NURSING AND MEDICAL ASSESSMENT

T Hospital Code: _____

MRN
Surname
Given Names
Date of Birth
Sex

Please affix Patient Identification Label Here

TRIAGE ASSESSMENT FOR USE IN PRESENTING COMPLAINTS OF : STROKE/TIA (FOCAL NEUROLOGICAL DEFICIT)

T DATE: / / **T** Time of Arrival: : Time of Triage: :

Triage Priority: 1 2 3 4 5

(Please use 24 hour clock time)

Triage Assessment	YES / NO	
Face Abnormal	<input type="checkbox"/>	<input type="checkbox"/>
Arms Abnormal	<input type="checkbox"/>	<input type="checkbox"/>
Speech Abnormal	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

THERAPY ELIGIBILITY

YES

ONSET TIME CLEARLY DEFINED AND < 3 HOURS	<input type="checkbox"/>
ONSET TIME CLEARLY DEFINED AND < 6 HOURS	<input type="checkbox"/>

If either Yes ticked treat Patient as therapy eligible

At JHH- Triage Nurse to page Acute Stroke Team on 5655
At MMH- Triage Nurse to page Stroke CNS on 8395 in B/H
OTHER - Ensure Senior Medical Assessment within 10 minutes.
ALL - Arrange Immediate CT scan

T SCANDINAVIAN STROKE SCORE (SSS)

Please place the relevant score in the box

Start time of Nurse SSS evaluation

Start time of Doctor SSS evaluation

CONSCIOUSNESS

6. Fully conscious Nurse Dr
4. Somnolent, can be awakened to full consciousness
2. Reacts to verbal command
0. Comatose

EYE MOVEMENT

4. No gaze palsy Nurse Dr
2. Gaze palsy present
0. Conjugate eye deviation

ARM, MOTOR POWER

6. Raises arm with normal strength Nurse Dr
5. Raises arm with reduced strength
4. Raises arm with flexion in elbow
2. Can move but not against gravity
0. Paralysis

HAND, MOTOR POWER

6. Normal strength Nurse Dr
4. Reduced strength in full range
2. Some movement, fingertips do not reach palm
0. Paralysis

LEG, MOTOR POWER

6. Normal strength Nurse Dr
5. Raises straight leg with reduced strength
4. Raises leg with flexion in knee
2. Can move, but not against gravity
0. Paralysis

ORIENTATION

6. Correct time, place and person Nurse Dr
4. Two of these
2. One of these
0. Completely disorientated

SPEECH

10. No aphasia Nurse Dr
6. Incoherent speech
3. More than yes/no but no longer sentences
0. Only yes or no or less

FACIAL PALSY

2. None/dubious Nurse Dr
0. Present

GAIT

12. Walks 5m without aids Nurse Dr
9. Walks with aids
6. Walks with the help of another person
3. Sits without support
0. Bedridden/wheelchair

TOTAL SCORE

T

Severe <10 Moderate 10-39 Mild >39

Bloods taken FBC UEC Glucose COAGS ESR Other ECG organised

Triage Nurse: _____
(please print name)

Signature: _____

Designation: _____



Hospital Code:

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

STROKE/TIA - TRIAGE, NURSING AND MEDICAL ASSESSMENT

MEDICAL ASSESSMENT

MEDICAL OFFICER: _____

Please use 24 hour clock time
TIME OF ASSESSMENT: :

ONSET Unknown
Sleep ONSET

T Date of ONSET / /
T Time of ONSET :

HISTORY OF PRESENTING ILLNESS

History of recent head injury? YES NO

If recent head injury and altered level of consciousness consider subdural haemorrhage and CT Priority One.

PAST HISTORY

Stroke TIA IHD PVD Hypertension Diabetes High Cholesterol AF

MEDICATION / DRUG HISTORY

Medications

Allergies

Cigarettes (Pack Years) ETOH Standard drinks/day

SOCIAL / FAMILY HISTORY

STROKE/TIA - TRIAGE, NURSING AND MEDICAL ASSESSMENT

Hospital Code:

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

EXAMINATION

General Appearance: _____

Pulse _____ BPM Respiratory Rate _____ resps / minute SpO2 _____ %

Temperature _____ BM or BSL _____ mmol/L Blood Pressure _____

T ECG Atrial fibrillation confirmed Yes No

Carotid Bruits Yes No Left Right

T Swallowing Screening Performed

Yes No If No then NBM

Refer to Speech Pathology for assessment

John Hunter x 13726. BH pg 5710

Mater x 11162. BH pg 8452

Belmont x 32267. BH pg 3527

Maitland x 52249. BH pg 4119

T CT Priorities - *If Patient is therapy eligible an urgent CT should be performed (Level 1 Priority)*

CT Request DATE: / /

and Time : Please use 24 hour clock time

CT Performed DATE: / /

and Time: : Please use 24 hour clock time

CT scan not currently indicated

CT to be arranged as Outpatient

Level 1 "Immediate" CT needed within 1 hour

- possibility of associated head trauma
- impaired or deteriorating level of consciousness
- clinical suspicion of an expanding posterior fossa lesion (cerebellar signs, lower cranial nerve palsy, coning)
- clinical suspicion of subarachnoid haemorrhage

Level 2 "Urgent" CT needed within 4 hours

- full anticoagulant therapy considered appropriate by senior medical staff
- expanding intracranial aneurysm suspected
- moderate to severe acute stroke syndrome
- Scandinavian Stroke Scale of < 40

Level 3 "Semi-urgent" CT within same day

- minor stroke syndromes
- transient ischaemic attacks
- stable acute deficit for 24 hours or longer
- Scandinavian Stroke Scale of > 40

T Stroke Syndrome using Oxfordshire Classification Scale - (cross the applicable box)

TACI - Total Anterior Circulation Infarction

Combination of:

1. hemiparesis +/- hemisensory loss
2. homonymous hemianopia
3. global aphasia (dominant hemisphere) OR visuo - spatial deficit/neglect (non-dominant hemisphere)
 - with or without drowsiness

PACI - Partial Anterior Circulation Infarction

1. two of the three components of TACS
2. dysphasia typically related to either expressive or receptive
3. typically no drowsiness

POCI - Posterior Circulation Infarction

1. ipsilateral cranial nerve palsy with contralateral motor and/or sensory deficit/neglect
2. conjugate gaze disorder
3. cerebellar dysfunction without ipsilateral long tract signs
4. isolated homonymous hemianopia

LACI - Lacunar Circulation Infarction

1. pure motor stroke
2. sensory - motor stroke
3. pure sensory stroke
4. ataxic hemiparesis
5. dysarthria clumsy-hand syndrome

TIA

non-stroke

HAEMORRHAGE

uncertain



**STROKE/TIA -
TRIAGE, NURSING AND
MEDICAL ASSESSMENT**

Hospital Code:

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

INITIAL MANAGEMENT

Considered **Antithrombotic** therapy in ALL cases of Ischaemic Stroke and TIA.

T Antithrombotic given within 8hrs of Patient presentation at ED Yes No Contraindicated

Neurological deterioration

If consciousness declines (GCS >2 points) or neurological defect worsens contact the Stroke /Medical Team.

T **Blood sugar (formal)** - Aim for 7 - 11 mmol/l Yes, BSL > 11mmol/l

If BSL > 11, STAT short acting insulin and consider insulin infusion in consultation with ED Specialists

T **Body temperature** - Aim for < 37.5 celsius Yes, Temperature > 37.5

If temperature > 37.5 commence Paracetamol. If > 38.5 also perform septic work up.

PLAN -

Non-contrast CT scan Performed Arranged Not required

Consider referral of ALL TIA and minor Stroke Patients to the Neurovascular Out Patients Clinic - 02492x13481

Positioning issues - Optimise Patient Safety

Impaired consciousness → Coma position

Visual or sensory neglect → Support & prevent physical injury to neglected side

Hemiparesis → Support for hemiparetic shoulder. Attach "Mind my Shoulder" Sticker

Education & Support (Cross the relevant box)

T Liaison with Social Worker/Explanation provided to family

Liaison with Stroke Case Manager

Stroke brochures provided

Separation from Emergency Department (Cross the relevant box)

T Deceased

Neurovascular OutPatients Clinic Review

GP Review

Admit

NOW COMPLETE APPROPRIATE MANAGEMENT PLAN DOCUMENT (Cross the relevant box)

T TIA

Ischaemic Stroke

Intercerebral Haemorrhage

Neuro management not required

**Referrals to
Neurovascular
Clinic**

**Page 5538
(Office Hours)**

**492x13481
(24 hours)**

Medical Officer Signature: _____

(Please Print)

Name: _____

Designation: _____

