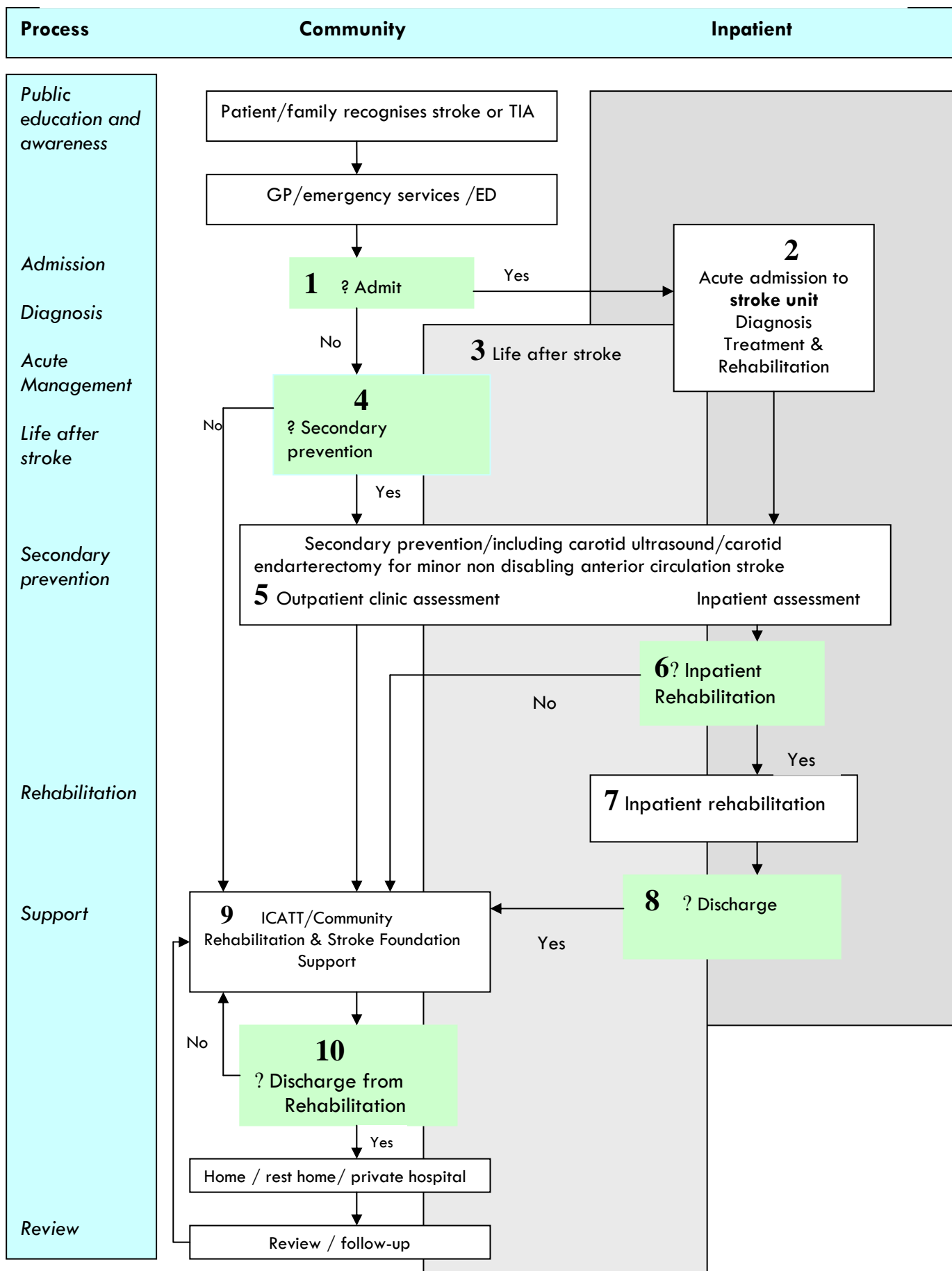


# Management of stroke

see key on next page



### 1. Is admission required for this person

All people with stroke should expect to be admitted unless :

- No significant disability affecting functioning and
- Urgent outpatient assessment by specialist stroke service available or
- Already in appropriate institutional care or
- Person/family prefer home care despite explanation of benefits of hospital care

If not admitted must consider diagnosis, secondary prevention, home support and rehabilitation needs

### 2. Acute Admission

- Admission to stroke unit or care of stroke team
- CT within 24 hrs
- Swallowing assessment within 24 hrs
- Multidisciplinary team ( MDT ) assessment within 48 hr
- Aspirin initiation of ( if appropriate ) within 48 hrs

### 3. Life After Stroke

- Person has contact information for Stroke Foundation field officers or other support
- Caregiver support
- Cultural issues
- Ongoing education about stroke
- Appropriate advice and information on sexuality, mood, employment, driving

### 4. Is diagnosis and secondary prevention an issue for this person?

Typically appropriate if:

- Further stroke would have important clinical consequences and
- Person can cooperate and comply with investigations or anti platelet drugs and
- If for carotid ultrasound, has significant functional recovery from and anterior circulation stroke and fit for surgery

Typically not appropriate if terminal illness, severe dementia/disability eg in hospital level care

### 5. Outpatient clinic/review

To confirm diagnosis, assess vascular risk factors and address secondary prevention

- Urgent outpatient assessment by clinicians knowledgeable about stroke
- ECG and bloods at GP or ED presentation
- Access within 1-2 weeks
- Review by physician with special interest or expertise in stroke management

### 6. Is inpatient rehabilitation required?

All people with stroke should expect inpatient rehabilitation by an MDT with expertise in stroke unless:

- No significant residual disability interfering with function on MDT assessment or
- Moderate disability ( eg transfer with 1 person ) and early supported discharge service available or
- Already institutional care and community rehabilitation service available

### 7. Inpatient rehabilitation

- Admission to stroke unit or care by stroke team within a rehabilitation unit
- Stroke expert MDT responsible for care
- Person orientated goal setting
- Daily therapy input ( Mon-Fri)
- Family and caregivers involved in rehabilitation
- Appropriate information and support available to person and family

### 8. Is person ready for discharge to the community?

Typically appropriate if:

- Medically stable and
- MDT has completed assessment of home situation and post discharge requirements and
- An appropriate place for discharge has been identified and
- An appropriate plan has been agreed between MDT, person, caregivers and other agencies and
- All necessary equipment has been provided and
- All follow-up arrangements are in place ( rehabilitation, social and GP /primary care)

### 9. Community Rehabilitation

Can be provided with equal effectiveness in the community or a day hospital

### 10. Is person ready for discharge from rehabilitation?

Typically appropriate if

- Person has achieved agreed therapy goals and
- No new goals are identified and agreed and
- Appropriate supports are in place