ACUTE STROKE IN ADULTS

Stroke accounts for around 11% of all deaths in England and Wales. Common causes of stroke include cerebral infarction (69%), primary haemorrhage (13%) and subarachnoid haemorrhage (6%). Prompt management can reduce mortality and morbidity.

Assessment

Record the patient's pulse, temperature, blood pressure, blood glucose, oxygen saturation, conscious level (see Appendix 4 for Glasgow Coma Score), heart rhythm, and state of hydration. Also record cognition, speech, visual fields, limb strength, cerebellar signs and plantar responses.
Try to maintain the patient's blood glucose, arterial oxygen concentration, state of hydration and body temperature within normal limits. Blood pressure should only be lowered in the acute phase if there are likely to be complications from hypertension, eg hypertensive encephalopathy or aortic aneurysm with renal involvement.

Referral Advice

- All patients should be transferred to the emergency department immediately (♥♥♥♥) if:
  - they are seen *within* 24 hours of the onset of symptoms of an acute stroke (with a view to being admitted to an acute stroke unit) or
  - they have experienced two or more TIAs in one week

- Patients seen *after* 24 hours of the onset of symptoms should be transferred to hospital urgently (♥♥♥) if they have any of the following:
  - symptoms which are stable (not improving) or deteriorating
  - an obvious underlying precipitating pathology (such as raised arterial blood pressure, possible excessive anticoagulation, newly diagnosed atrial fibrillation)
  - impaired consciousness
  - inability to swallow
  - inadequate 'care' at home.

- Patients seen *after* 24 hours of the onset of symptoms, and who are improving or in whom the symptoms have cleared (eg TIA), should be referred to a stroke/TIA clinic for assessment ideally within 7 days (♥♥) of the incident. While waiting to be seen, and unless contraindicated, the patient should take aspirin (300mg daily).