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Management of Patients with Stroke

Assessment, Investigation, Immediate Management and Secondary Prevention

A Quick Reference Guide

Derived from the National Clinical Guideline recommended for use in Scotland
by the Scottish Intercollegiate Guidelines Network (SIGN)

A B C refers to **grade of recommendation**

Service delivery

- ❖ Acute in-patient care for patients admitted to hospital with a major stroke should be organised as a **multidisciplinary stroke service** based in designated units **A**
- ❖ A local **admissions policy** should be agreed between hospitals and general practitioners and a local protocol for referral to a **fast-track assessment clinic** for those with minor strokes or TIAs not requiring hospital admission **C**

Assessment and Investigation

- ❖ **Written local protocols** should be available for both routine and more specialised investigations which the clinical situation may merit **C**
- ❖ All patients with acute stroke should undergo **CT brain scanning** as soon as possible—preferably within 48 hours—and no later than 7 days. A local protocol for more urgent scans should be available **C**
- ❖ A **swallowing assessment** should be undertaken at home or hospital as part of the clinical assessment of stroke **B**

Immediate Management

- ❖ **High blood pressure** should not normally be lowered in the acute phase of stroke **C**
- ❖ Urgent **neurosurgical assessment** should be available for patients with large cerebellar infarcts or hydrocephalus, and for selected cases of cerebral haemorrhage **C**
- ❖ Routine use of **drugs** to limit neural damage, including corticosteroids, nimodipine, plasma volume expanders, barbiturates, and streptokinase, is of no proven benefit and should be discouraged **A**

Secondary Prevention

- ❖ **Antiplatelet therapy**—normally aspirin—should be prescribed as early as possible for secondary prevention of stroke and other vascular events in patients who have sustained an ischaemic stroke **A**
- ❖ **Warfarin** should be considered for use in patients with non-valvular atrial fibrillation and also after cardioembolic stroke from valvular heart disease and recent myocardial infarction **A**
C
- ❖ **Control of risk factors** such as hypertension, hyperlipidaemia and cessation of cigarette smoking should be initiated **C**

Additional copies of this Quick Reference Guide and the full guideline are available from

SIGN Secretariat, 9 Queen Street, Edinburgh, EH2 1JQ

This Quick Reference Guide was issued in May 1997 and will be reviewed in 1999