**Managed Clinical Network for Stroke**

**Accident & Emergency Protocol**

1. **Does the Patient Have Ongoing Symptoms Suggestive of Stroke?**
   - FAST TEST
     - Facial weakness: Can the person smile? Has their mouth or eye drooped?
     - Arm weakness: Can the person raise both arms?
     - Speech problems: Can the person speak clearly and understand what you say?

2. **Rosier Score** *(from history or examination)*
   - Loss of consciousness: Yes: -1 No: 0
   - Seizure activity: Yes: -1 No: 0
   - Is there a **New Acute** onset or on awakening from sleep of the following?
     - Speech disturbance: Yes: +1 No: 0
     - Unilateral face weakness: Yes: +1 No: 0
     - Unilateral arm weakness: Yes: +1 No: 0
     - Unilateral leg weakness: Yes: +1 No: 0
     - Visual field deficit: Yes: +1 No: 0

3. **Total Score**
   - **Total Score <1**: Stroke unlikely. Consider alternative diagnosis.
   - **Total Score >1**: Stroke likely.

4. **Time since Onset**
   - Onset <4½ hours and no contraindication to thrombolysis?**
     - Contact STROKE THROMBOLYSIS SERVICE via switchboard
     - Check bloods (FBC, U+E, glucose, PT/APTT) urgently
     - Insert 2 green venflons
     - ECG

5. **Time since Onset >4½ hours or unknown?**
   - Usual management

**Absolute Contra-Indications**
- Symptoms beginning more than 4½ hours prior to infusion start or when time of symptom onset is unknown
- Known history of, or suspected intracranial haemorrhage
- Symptoms suggestive of subarachnoid haemorrhage, even if CT-scan is normal
- Manifest or recent severe or dangerous bleeding
- Known clotting disorder

*Posterior circulation stroke may have score <1 but can only be considered for thrombolysis after discussion with Stroke consultant.*