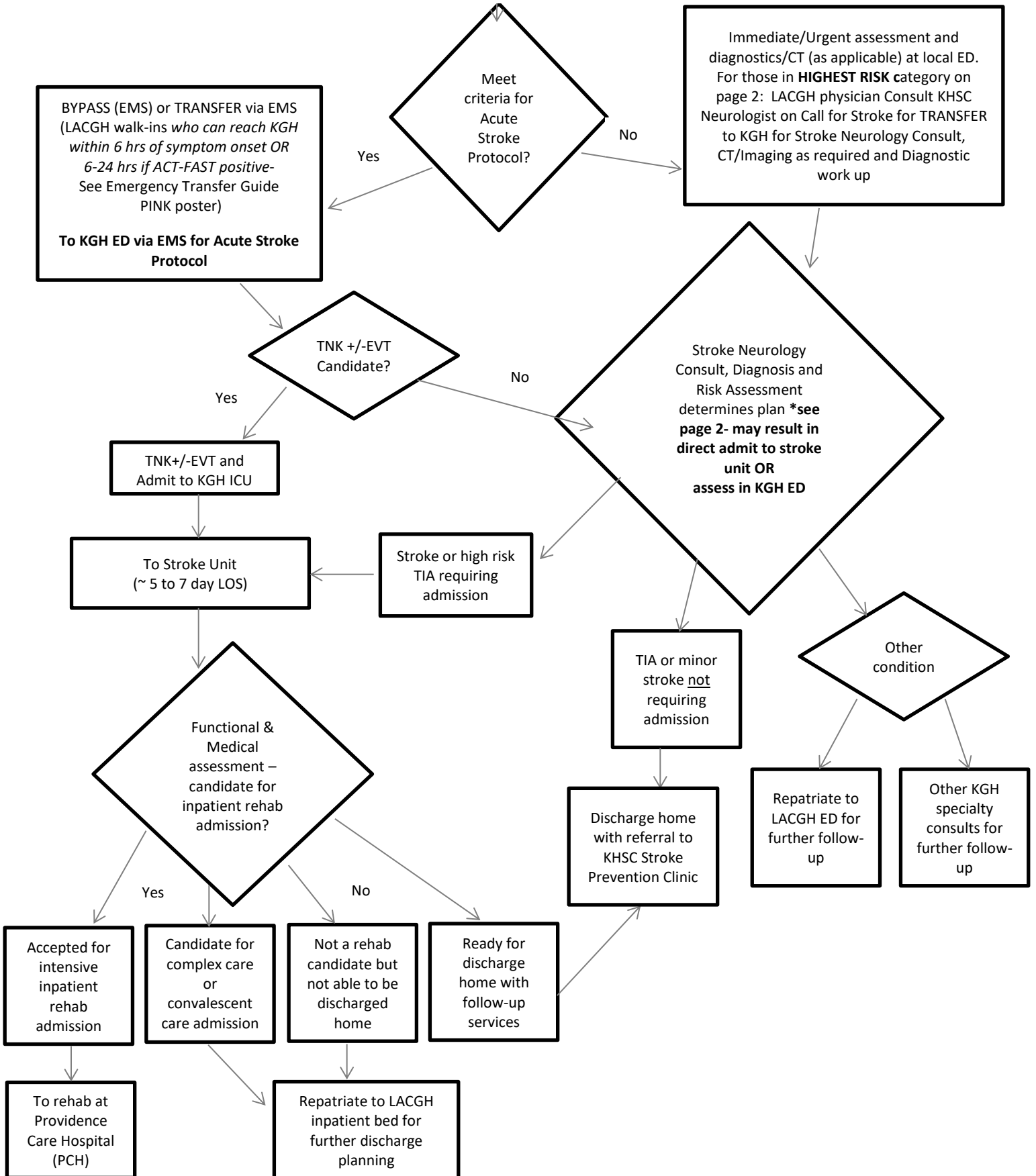


Stroke / TIA Signs & Symptoms  
LACGH Napanee ED



## Guidelines re Parameters for LACGH/KHSC Stroke Transfers for those that do not meet the Stroke Protocol Risk Stratification per Evidence-Based Guidelines.

### HIGHEST RISK – must be seen immediately to determine plan for LACGH transfer to KHSC-KGH Site

- Enduring symptoms OR symptoms within the last 48 hours
- Persistent or fluctuating symptoms
- Motor weakness on one side of body
- Speech or language difficulties
- Hemi-body sensory loss
- Visual disturbance (amaurosis fugax or homonymous hemianopsia)
- Symptoms typically are sudden in onset and reach peak severity within a few seconds
- **ACTION:** LACGH ED Physician to contact neurologist-on call for stroke; – Stroke Neurologist to determine from LACGH physician report whether to admit directly to KGH Kidd 7 acute stroke unit (within 12 hours) OR arrange an ED-to-ED transfer for assessment (transfer to KHSC within 4 hours). Transfer to KHSC should be arranged as quickly as possible within these parameters.

**For Direct Admit:** KHSC Stroke Neurologist initiates Direct Admission request in LUMEO selecting Priority A and add STROKE EMERGENT in comments.

**For ED-to-ED Transfer:** KHSC Stroke Neurologist communicates with ED Charge nurse there is a STROKE EMERGENT ED TO ED transfer to come from LACGH within 4 hours.

### INCREASED RISK – LACGH discharge only with arrangements for urgent outpatient imaging and Stroke Prevention Clinic (SPC) follow up:

- Patient presents between 48 hours and 2 weeks from symptom onset
- Does not have persistent or fluctuating motor or speech symptoms
- No symptoms within the past 48 hours but symptoms have occurred within the last 2 weeks
- **ACTION:** can be DC from LACGH ED with arrangement for outpatient CT+ Carotid Doppler or CTA within 24 hours and follow up in SPC
- ED physician at LACGH will need to arrange for urgent outpatient imaging and refer to SPC for work-up clearly indicating urgency on referral
- SPC will do their best to get these people into clinic ASAP and by next day if possible

### LOWER RISK – LACGH discharge and refer to SPC

- NO symptoms within the last 2 weeks
- **ACTION:** can be DC from LACGH ED with outpatient referral to SPC
- Will be worked up within one month