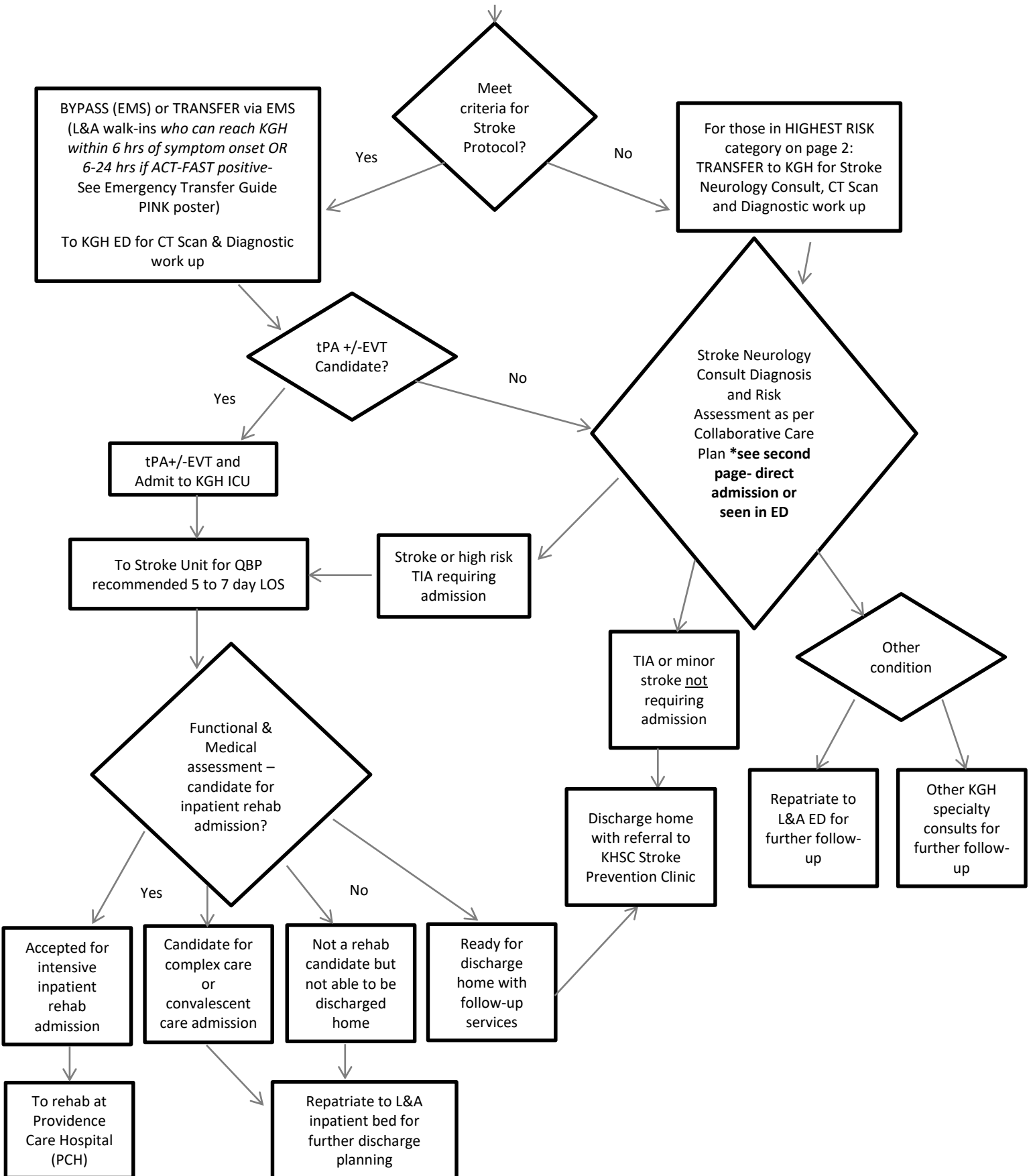


Stroke / TIA Signs & Symptoms
L&ACGH Napanee ED



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

HIGHEST RISK – must be seen immediately – L&ACGH transfer to KHSC-KGH Site – stroke neurology service to determine from L&A physician report whether to admit directly to KGH Kidd 7 stroke unit or to see first in ED:

- 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: Contact neurologist-on call for stroke and arrange for immediate transfer to KGH (ED OR direct admit to Kidd7)

INCREASED RISK – L&ACGH 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 L&ACGH ED with arrangement for outpatient CT+ Carotid Doppler or CTA within 24 hours and follow up in SPC
- ED physician at L&ACGH 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 – L&ACGH discharge and refer to SPC

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