v1 May 2013. Reviewed 1/6/15. Review 1/6/17

(adapted with permission from the 2013 CEM CPD Lecture: Does this dizzy patient have a Stroke? Dr Ajay Bhalla. Consultant Stroke Physician. Guys & St Thomas')

CLARIFY WHAT PATIENT MEANS BY DIZZINESS - Vertigo, Presyncope, Imbalance or Non specific dizziness? **Examination History** Positional or sustained Age > 50 years Eye movements Gait Assessment Prior history of stroke/TIA Nausea and vomiting (50%) Limb co-ordination Otoscope Cerebrovascular risk factors Headache (30%) Hallpike Manoeuvre Clinical assessment of hearing Recent head or neck injury Hearing loss Onset - speed and timing Focal neurological symptoms Duration and time course $< 1 \text{ minute or } \ge \text{day(s)}$



NO

- Presyncope
- Disequilibrium
- Lightheadedness

Ye

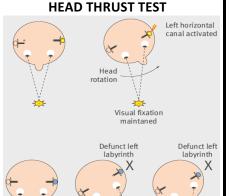
Red Flags suggesting Brainstem Stroke or other central cause

- Any central neurological symptoms or signs
 - Diplopia, facial weakness, dysphagia, dysphonia, limb weakness or ataxia
- New type or new onset of headache (occipital)
 - Common in stroke
 - Posterior circulatory (40%)
 - Think about vertebral dissection with Head/Neck injury
 - Vestibular Migraine (diagnosis of exclusion)
- Acute deafness (Sudden onset with vertigo suggestive of ischaemia of labyrinth or AICA occlusion)
- Vertical nystagmus

No Do Confirmatory Tests "rule in" BPPV (Halpike) or Acute Vestibular Neuritis (Head Thrust test) YES NO Sustained vertigo and Positional Vertigo and Transient Unilateral horizontal nystagmus. torsional nystagmus fatigues hearing Loss or tinnitus, Not positional "Head Consider Vestibular in 30 seconds (positive and previous episodes of Thrust Test" shows failure Migraine (and treat and Hallpike Manoeuvre dizziness of Vestibular Ocular Reflex refer) if vertigo plus migraine is recurrent and Consider Meniere's **Acute Vestibular Neuritis** examination is normal **BPPV** disease and routine (labyrinthitis) referral via GP

YES

URGENT CT & REFERRAL



Catch up