ED QUICK QUIZ
WHAT IS THE DIAGNOSIS?

BACKGROUND

A 69 year old lady is phoned in as a standby due to witnessed onset of left sided facial droop and left arm & leg weakness.

On arrival to resus at 20.35 the crew state the patient was playing bingo with friends, approximately 1 hour ago. She was witnessed to slump to the left side, her speech was slurred and she has a left sided facial droop.

You examine her and find that she has an obvious left sided facial droop. She is GCS 15 although her speech is slurred and difficult to understand.

Her chest is clear; I + II + 0.

RR: 18 SpO2: 98% on air HR 95 BP 150/100 Temp 36.7

Cranial nerve examination shows reduced sensation on the left side and weak motor function of her left sided facial muscles. She has visual inattention on the left.

Limb examination shows normal right sided function. She has reduced sensation on the left with inattention. Power is 3/5 in all movements of both left arm and leg.

A friend has arrived in ED she witnessed the event occur at 19.25. The patient's speech suddenly became slurred, her face drooped and she then seemed to slump to the left side and she couldn't lift her left arm and leg. Her friend tells you she is normally very active and works in the local charity shop, she isn't aware of any major PMHx

You return to resus to see the patient and one of the other doctors has checked Portal. ECS shows that she is on aspirin, atenolol & simvastatin, she is known to have hypertension but she doesn't have any other significant PMHx.

The patient's symptoms have not changed.

You believe she is having a right sided TACS.

QUESTIONS

1. Who should be phoned and when for potential thrombolysis candidates in ED at GRI?
2. Who should receive immediate brain imaging in stroke?
3. What are the eligibility criteria/ contraindications to thrombolysis?

ANSWERS & DISCUSSION

1) Who should be phoned and when for potential thrombolysis candidates in ED at GRI?

Mon-Fri 9-5

- Thrombolysis queries to GRI Stroke Registrar phone 2222

Out of Hours

- Thrombolysis queries to QEUH stroke registrar phone 83234

If the patient has been brought to ED by SAS out of hours and there is a definite time of onset in last 4.5 hours assess the patient on the ambulance trolley.

If for transfer to QEUH arrange a 'blue- light' ambulance

2) Immediate imaging in acute stroke

Brain imaging should be performed immediately for people with acute stroke if any of the following apply:

- Indications for thrombolysis or early anticoagulation treatment
  N.B. OOH at GRI this usually happens on transfer to QEUH
- On anticoagulant treatment/ known bleeding tendency
- Depressed level of consciousness (GCS <13)
- Unexplained progressive or fluctuating symptoms
- Papilledema, neck stiffness or fever
- Suspected SAH
- History or suspected head injury

'Immediately' is defined by NICE as 'ideally the next slot and definitely within 1 hour, whichever is sooner',

3) Eligibility for Thrombolysis

- Onset <4.5 hours
- Measurable & persistent neurological deficit

Contraindications to Thrombolysis

- Awoke with symptoms or unclear time of onset
- Intracranial haemorrhage
- Seizure at onset
- Known SAH/ ICH/ AVM/ Intracranial tumour
- Recent stroke/ MI/ surgery/ trauma (<30/7)
- Head trauma or CVA in last 30/7
- Previous severe disability or terminal illness
- NOAC use/ Platelets <100/ INR >1.7
- Pregnancy/ Puerperium
- Glucose <2.7 or > 22 mmol/L
- Non- compressible arterial puncture in last 7/7
- GI/ GU bleed in last 21/7
- Uncontrollable hypertension SBP >185 or DBP >110

Even if a patient has known contraindications they should be discussed with and ED senior and/ or the Stroke Thrombolysis page holder