

Stroke/Transient Ischaemic Attack (TIA)

These components make up the **FAST** (face, arms, speech test) assessment that should be carried out on **ALL** patients with suspected stroke/TIA. A deficit in any one of the three domains is sufficient for the patient to be identified as 'FAST positive'.

6. Management

Follow **medical emergencies guideline**, remembering to: Start correcting:

- Airway
- Breathing
- Circulation
- Disability (mini neurological examination)
- oxygen therapy is not recommended unless the patient is hypoxic (**refer to oxygen guideline**).

Consider recording 12-lead ECG en-route to hospital, but **do not delay transport** for this test.

Intravenous access is not essential unless the patient requires specific interventions, and may delay transport to hospital.

Specifically:

- Check blood glucose level (**refer to glycaemic emergencies guideline**).
- Conscious patients should be conveyed in the semi recumbent position.
- Patients should be nil by mouth.

NOTE: Local policies will determine whether paramedics should use a risk score for suspected TIA patients and/or administer aspirin. In the absence of clear evidence relating to prehospital use of these interventions, JRCALC are unable to make a firm recommendation.

7. Referral Pathway

This will depend on locally commissioning arrangements. For example, bypassing local hospitals for a 'hyperacute' centre may require patients in some networks to meet specific criteria based on a positive FAST test and onset within the preceding 2 hours, so that the patient is within the 'time window' for thrombolysis.

Where possible, a witness should be asked to accompany the patient to hospital.

It is important to remember that thrombolysis is not the only management proven to benefit stroke patients. Admission to a stroke unit for early specialist care is known to be life saving and to reduce disability, even if thrombolysis is not indicated.

8. Audit Information

Ambulance services are required to monitor the use of the FAST test in patients with suspected stroke, and agree local pathways for patients with suspected stroke. Careful documentation of your assessment and management, including accurate timings are essential to improving care for this group of patients.

KEY POINTS

Stroke/Transient Ischaemic Attack (TIA)

- Time is of the essence in suspected acute stroke.
- Record time of onset if known.
- Stroke is common and may be due to either cerebral infarction or haemorrhage.
- The most sensitive features associated with diagnosing stroke in the prehospital setting are facial weakness, arm and leg weakness, and speech disturbance – the FAST test.
- FAST test should be carried out on ALL patients with suspected stroke/TIA.
- Patients with TIA may be at high risk of stroke and should be taken to hospital for further assessment.

Further Reading

Comprehensive, high-quality information on stroke is available at:

- NHS Evidence – stroke
<http://www.evidence.nhs.uk/topic/stroke>
- NHS Stroke Improvement
<http://www.improvement.nhs.uk/stroke>
- The Stroke Association
<http://www.stroke.org.uk>