



# Stroke Unit Thrombolysis Guidelines

## Acute Response Stroke Nurse responsibilities-

- Ensure bloods taken in ED and cannula insitu.
- Provide Medical Registrar with checklist and contraindications sheet.
- Contact the Stroke Consultant and ensure they are aware.
- Repeat NIHSS to ensure not rapidly improving.
- Weight has been obtained either via weigh bridge in ED or on ward.
- Transfer patient to CT.
- Transfer patient up to stroke unit.

## Medical Registrar responsibilities-

- Medical Registrar to complete stroke thrombolysis check list (Stroke Nurse will provide).
- Obtain verbal consent if possible.
- If unable to obtain consent, to discuss with relatives if available.
- Ensure CT/CTA/CTP head request is ordered and performed immediately.
- Discuss patient with Stroke Consultant on call (via telephone if out of hours, Stroke nurse will have the contact number).
- Ensure patient is fully clerked.
- Ensure discussion held with Stroke Consultants are fully documented.

## Stroke Consultant responsibilities -

- Obtain a clear history from the Medical Registrar.
- Inform Medical Registrar to fully document plan and discussion.
- If no medical registrar in attendance (in hours) ensure plan and assessment is documented.
- Review CT scan images.
- To look at the potential of Mechanical Thrombectomy, request appropriate imaging and refer to the Interventional Neuro Radiologist.
- Makes the overall decision to administer thrombolysis following obtaining clinical history and presentation.
- Email thrombolysis decision to the Stroke Teams nhs.net email if out of hours.
- Complete the Stroke Consultant imaging review record.

- If out of hours (Mon-Fri 1800-0800, Fri- Mon 1800-0800) CT to be reviewed by Stroke Consultant, report may be requested prior to decision being made.
- Decision to thrombolyse taken by stroke consultant. On Saturday and Sunday 08:00 – 18:00 (OOH cover commences at 18:00 as per the Joint Partnership SLA).
- If onset within 4.5hrs thrombolysis drug (Tenecteplase) as per the dosing for acute ischaemic stroke.
- If onset is within the extended lysis window thrombolysis drug (Alteplase) calculated 0.9mg/kg (using ready reckoner available on intranet). Give bolus of 10% in 10ml syringe over 1 – 2 minutes, the remaining 90% in an infusion over 1 hour maximum dose is 90mg.
- Commence Acute Stroke Care plan (Thrombolysed).
- If out of hours stroke nurse to print out the consultant's decision to thrombolyse e-mail and ensure that it is placed in the medical notes.

## Amendments from previous version(s)

Version	Issue Date	Section(s) involved	Amendment
V2.2	04-10-2024	Bottom of page 1	<ul style="list-style-type: none"> <li>• Included the BEFAST acronym to capture posterior stroke.</li> <li>• Removed what constitutes as an urgent CT.</li> </ul>
		Top of page 2- Medical registrar responsibilities	<ul style="list-style-type: none"> <li>• Included the CTA and CTP as part of the requesting process.</li> </ul>
		Bottom box of page 2	<ul style="list-style-type: none"> <li>• Updated new Stroke on call times with NUH.</li> <li>• Removed the need for a report to be telephoned through.</li> </ul>
V2.3	23-12-2024	Bottom of page 2- stroke consultant responsibilities	<ul style="list-style-type: none"> <li>• Included the Stroke Consultant needs to complete imaging review document</li> <li>• Updated the use of Tenecteplase for lysis within 4.5 hours</li> <li>• Updated extended window for lysis</li> </ul>

# TITLE: ACUTE STROKE PATHWAY(ONSET WITHIN 24 HOURS) VIA KMH EMERGENCY DEPARTMENT

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2.3	23-December-2024	December-2027	
<b>Supersedes:</b>	Version 2.1, Issued 20 <sup>th</sup> June 2023 to Review Date April 2026		
<b>Approved by (committee/group):</b>	<ul style="list-style-type: none"> <li>v2.0, Stroke Clinical Governance</li> <li>v2.1, Medicine Division Clinical Governance Group</li> <li>v2.2 Stroke Clinical Governance</li> <li>v2.2 Medicine Division Clinical Governance Group</li> <li>• v2.3 Medicine Division Clinical Governance Group</li> </ul>	<b>Date Approved:</b>	27 <sup>th</sup> April 2023 31 <sup>st</sup> May 2024 9 <sup>th</sup> September 24 25 <sup>th</sup> September 24 18 <sup>th</sup> December 2024
<b>Scope/ Target Audience:</b> (delete as applicable and/ or describe)	<b>Specialty/ Department</b> (for the minority): <ul style="list-style-type: none"> <li>Stroke Unit and Emergency Care</li> </ul>		
<b>Evidence Base/ References:</b>	<ul style="list-style-type: none"> <li>Royal College of Physicians (2023) National Clinical guideline for stroke 6<sup>th</sup> edition</li> <li>NICE (2019) NG128 Stroke and transient ischaemic attack in over 16s: diagnosis and initial management</li> <li>Escort and Transfer Policy for Adult Patients (2018), SFH</li> <li>NHS England (2021) National Optimal Stroke Imaging Pathway (NOSIP).</li> <li>NICE (2024) ta990 Tenecteplase for treating acute ischaemic stroke</li> </ul>		
<b>Lead Division:</b>	Medicine		
<b>Lead Specialty/ Department:</b> (Or Division if 'divisionally' owned)	Stroke		
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<b>Co-Author(s):</b> (position/ role and name if applicable)	Not Applicable		
<b>Sponsor</b> (position/ role):	[REDACTED], Stroke Consultant		
<i>Name the documents here or record not applicable</i>			
<i>(these are documents which are usually developed or reviewed/ amended at the same time – ie a family of documents)</i>			
Associated Clinical Policy	Not applicable		
Associated Clinical Guideline(s)	Not applicable		
Associated Clinical Procedure(s)	Not applicable		
Associated Standard Operating Procedure(s)	Not applicable		
Other associated documents e.g. documentation/ forms	<ul style="list-style-type: none"> <li><a href="#">Stroke Nurse Proforma</a></li> <li><a href="#">Decision making checklist for potential thrombolysis for acute stroke</a></li> </ul>		
<b>Consultation Undertaken:</b>	v2.0 <ul style="list-style-type: none"> <li>Circulated to team for comments and review</li> </ul>		

	<ul style="list-style-type: none"> <li>No amendments required, signed off in Stroke governance 27/04/23</li> </ul> <p>v2.1</p> <ul style="list-style-type: none"> <li>Discussed in divisional governance- minor amendments to be made</li> </ul> <p>v2.2</p> <ul style="list-style-type: none"> <li>Sent to ED governance lead for approval/comments 20/06/24</li> <li>26/06/24- Email to the speciality governance attendees for review. Remote review to be taken place, comments to be received by close of play 12/07/24. If no comments taken as approved and to be progressed to Medicine Clinical Governance.</li> <li>15/07/24- No response received from specialty governance attendees, signed off as approved.</li> <li>29/07/24- UEC approved documents in divisional governance meeting.</li> </ul> <p>v2.3</p> <ul style="list-style-type: none"> <li>28/11/2024- Approved in Stroke Governance meeting- addition of Tenecteplase added- minor amendment.</li> </ul>
<b>Template control:</b>	v2.0 September 2023