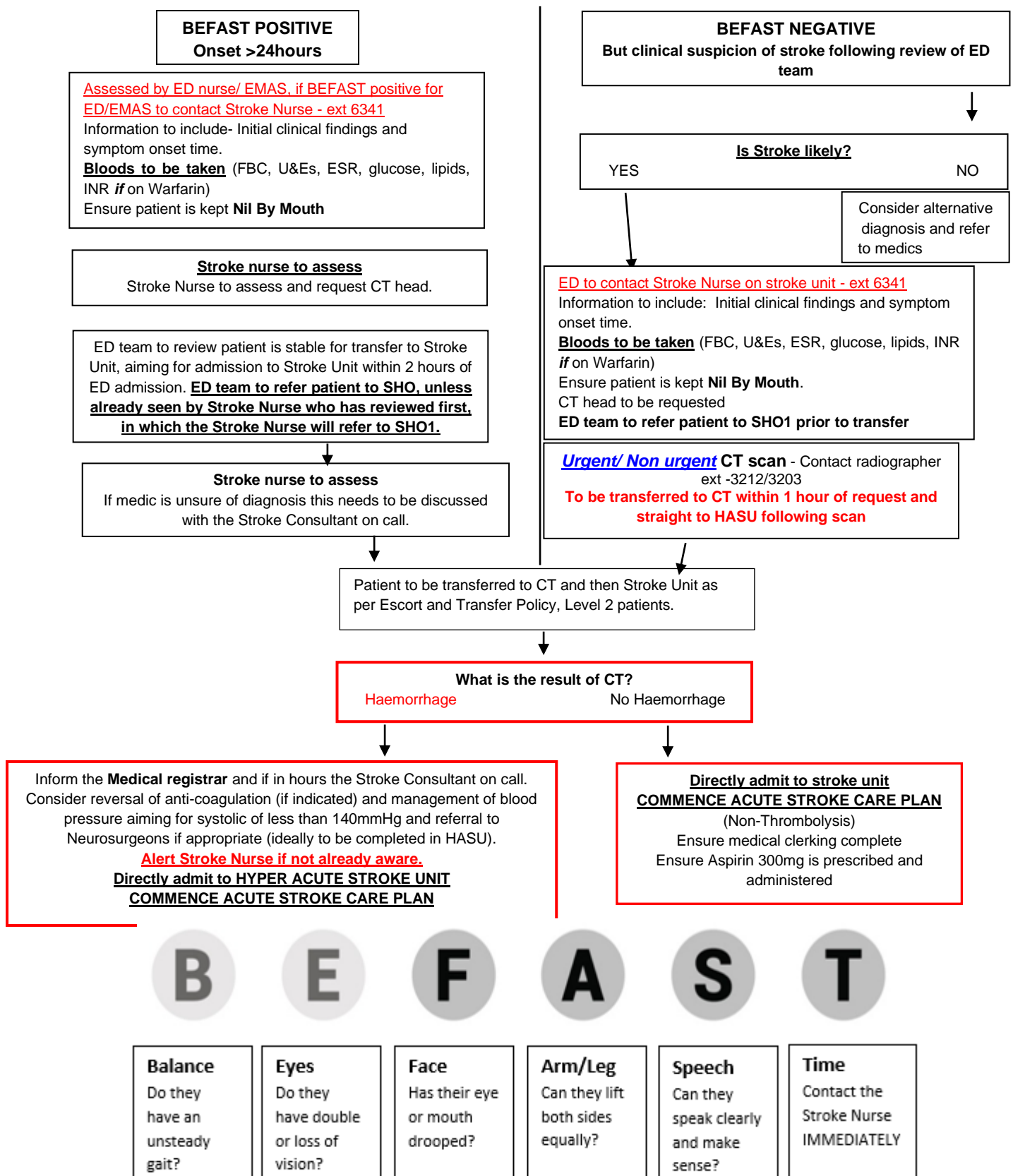


# TITLE: ACUTE STROKE PATHWAY (ONSET OVER 24 HOURS) VIA KMH EMERGENCY DEPARTMENT



**PLEASE NOTE:-** if no beds are available on HASU patient must be taken back to ED to await a bed. Once back in ED the ED registrar and Medical Registrar must be made aware of the patient and the scan result. The patient will remain the responsibility of the ED nurse but medically will be the responsibility of the Medical Registrar.

## Amendments from previous version(s)

Version	Issue Date	Section(s) involved	Amendment
V2.2	Oct 2024	Bottom of document	<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>

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<b>Document Category:</b>	CLINICAL		
<b>Document Type</b>	PATHWAY		
<b>Keywords:</b>	ED		
<b>Version:</b>	<b>Issue Date:</b>	<b>Review Date:</b>	
v2.2	04-Oct-2024	April 2026	
<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 – Stroke Clinical Governance</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
<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> </ul>		
<b>Lead Division:</b>	Medicine		
<b>Lead Specialty/ Department:</b> (Or Division if 'divisionally' owned)	Stroke		
<b>Lead Author:</b> (position/ role and name)	[REDACTED], Stroke Nurse Specialist, Clinical Governance Lead and Head of Service for Stroke		
<b>Co-Author(s):</b> (position/ role and name if applicable)	Not Applicable		
<b>Sponsor</b> (position/ role):	[REDACTED], Stroke Consultant		
Name the documents here or record not applicable (these are documents which are usually developed or reviewed/ amended at the same time – ie a family of documents)			
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>	<p>v2.0</p> <ul style="list-style-type: none"> <li>• Circulated to team for comments and review</li> <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>
<b>Template control:</b>	v2.0 September 2023