

Policy Under Review

Please note that this policy is under review. It does, however, remain current Trust policy subject to any recent legislative changes, national policy instruction (NHS or Department of Health), or Trust Board decision. For guidance, please contact the Author/Owner.

Information Category	Detailed Information
Document Title:	Stroke and Tia Multidisciplinary Care Pathway Clinical Guideline V10.0
This document replaces (exact title of previous version):	Stroke and Tia Multidisciplinary Care Pathway Clinical Guideline V9.0
Date Issued / Approved:	February 2023
Date Valid From:	February 2023
Date Valid To:	August 2026
Author / Owner:	Dr Katja Adie, Eldercare Department
Contact details:	01872 252084
Brief summary of contents:	Pathway for patients with suspected stroke or TIA (transient ischaemic attack) in Cornwall.
Suggested Keywords:	TIA or stroke
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Stroke Operational Group
Manager confirming approval processes:	Johanna Floyd
Name of Governance Lead confirming consultation and ratification:	Paul Evangelista

Information Category	Detailed Information
Links to key external standards:	<ol style="list-style-type: none"> 1. Rothwell PM, Eliasziw M, Gutnikov SA et al. Sex difference in the effect of time from symptoms to surgery on benefit from carotid endarterectomy for transient ischemic attack and nondisabling stroke. Stroke 2004;35(12):2855–2861 2. Rankin J. “Cerebral vascular accidents in patients over the age of 60.” Scott Med J 1957;2:200-15. 3. Nasreddine ZS, Phillips NA, Bedirian V et a. The Montreal Cognitive Assessment, MOCA: A Brief screening tool for mild cognitive impairment. Journal of American Geriatric Society 2005(4). 695-699.
Related Documents:	<p>Advanced Stroke Management Pathway. Stroke Thrombolysis, Secondary Prevention. Guidelines Stroke and TIA. Peninsula Referral Guidelines for Early. Decompressive Surgery in Acute Ischaemic Stroke. Peninsula Network Guidance on Anticoagulants for Stroke and TIA.</p>
Training Need Identified:	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Stroke

This document is only valid on the day of printing.

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Stroke and TIA Multidisciplinary Care Pathway Clinical Guideline

V10.0

February 2023

Summary

Suspected Stroke or TIA
ACUTE STROKE IS AN EMERGENCY: DIAL 999

Ambulance team follows Advanced Stroke Management Pathway

DOES THE PATIENT NEED HOSPITAL ADMISSION?
 Admit patient to RCHT with:

- Acute Stroke
- Crescendo TIA

ADMISSION IS REQUIRED via ED

ADMISSION IS NOT REQUIRED

Follow Acute Stroke Pathway Guideline

Refer immediately to Daily TIA Clinic by email cornwalltiaclinic@nhs.net

Acute Stroke Unit

- Access swallow 4 hours and mobility within 24 hours of admission
- Ensure nutrition started within 24 hours and nutritional assessment completed
- Complete NIHSS and modified Rankin to assess stroke severity
- Provide patient and family with information pack and contact details for stroke coordinator
- Complete investigations as per acute management guidelines
- Start secondary prevention as per secondary prevention guidelines
- Agree Rehab goals with patient and start rehabilitation, assess mood and cognition
- Aim to provide 45 minutes of each appropriate therapy to patient
- Educate patient and carer regarding diagnosis and secondary prevention
- Document stroke diagnosis and prognosis and discussion with patient
- Consider palliation if devastating stroke
- Consider referral to the Early Supported Discharge Team via inpatient therapy team
- Aim to transfer to stroke rehabilitation unit or discharge home within 7 days

Discharge Home

- Explain Medication and discharge plan to patient and family
- Refer young stroke patients (<56 for stroke clinic review) via eldercare outpatients tab on MAXIMS
- Provide stroke information pack to patient and family and explain DVLA rules
- Arrange care package if required
- MDT team to arrange equipment and further community rehab prior to discharge
- If complex needs (e.g. palliative management at home) the integrated Discharge Liaison Nurse completes full assessments prior to discharge to establish care needs and correct funding stream and to liaise with GP and appropriate community care team
- Community Stroke Coordinator's informed of discharge by audit data base
- If patient has double vision or ocular nerve palsies, please refer to orthoptist via MAXIMS
- If patient has visual field defect advise patient to inform DVLA and to see Specsavers's for visual field check

Transfer to Stroke Rehabilitation Unit Camborne Redruth Community Hospital or Bodmin Hospital

- Inform patient and relatives of transfer
- Phoenix senior staff book rehabilitation bed
- Written and verbal handover by MDT team
- Discharge letter to be completed by medical staff prior to transfer
- Stroke information pack provided to patient

Residential or Nursing Home Care

- Completion of nursing needs assessment within 48hrs after decision made by MDT that care home is appropriate
- Completion of Section 5 within 24hrs from Section 2 (allow minimum of 3 working days, complete only if patient fit for discharge)
- Allocation of social worker within 3 working days

Follow up by Community Specialist Stroke Nurse at 6 weeks and 6 months after their hospital discharge

1. Aim/Purpose of this Guideline

- 1.1. The aim of this document to inform clinicians on pathway for patients with suspected stroke or Transient Ischaemic Attack (TIA) - NHS TIA in Cornwall (RCHT facing).
- 1.2. This version supersedes any previous versions of this document.

Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

2. The Guidance

2.1. Mood Assessment for patients after stroke

2.1.1. In the first 2 weeks following a stroke the Yell questions are used for screening:

- Prior to admission did you often feel sad or depressed?
- Since your admission have you been feeling sad or depressed?

If yes discuss with the medical team and consider treatment.

2.1.2. After 2 weeks the following assessment are administered.

- Anxiety – Generalised Anxiety Disorder
- Assessment – GAD 7
- Depression –
- Patient Health Questionnaire – PHQ 9.
- Patients with Aphasia – Depression Intensity Circles (DISCS)
- SADHQ H10 – The Stroke Aphasia Depression Questionnaire

2.2. Cognitive Assessment for Patients after stroke

- 2.2.1. **Oxford Cognitive Screen (OCS)** is the baseline cognitive assessment administered by Occupational Therapist (OT) as part of the agreed stroke cognitive pathway.
- 2.2.2. **BUTT Assessment of Non Verbal Reasoning** is used to assess patients with aphasia. It is administered by OTs and SLTs. It involved problem picture scenarios where patients are requested to select an appropriate picture solution. It looks at basic reasoning in addition to functional assessments.
- 2.2.3. **Multiple Errands Test** assesses executive abilities using functional activities within the hospital setting and administered by the OT.

2.3. Modified Rankin Scale – functional assessment

Please score for all stroke patients (premorbid, on admission and discharge)

- 0 No symptoms at all
- 1 No significant disability despite symptoms; able to look after own affairs without assistance
- 2 Slight disability, unable to carry out all previous activities, able to look after own affairs
- 3 Moderate disability, requiring some help, but able to walk without assistance
- 4 Moderate severe disability, unable to walk without assistance and unable to attend to own bodily needs without assistance
- 5 Severe disability; bed ridden, incontinent and requiring constant nursing care and attention
- 6 Deceased

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Timely admission to Stroke Unit
Lead	Stroke Team
Tool	Sentinel Stroke National Audit Programme
Frequency	Daily

Information Category	Detail of process and methodology for monitoring compliance
Reporting arrangements	Monthly review at Stroke Operational Group Meeting
Acting on recommendations and Lead(s)	Stroke Operational Group Meeting
Change in practice and lessons to be shared	At Stroke Operational Group Meetings

4. Equality and Diversity

- 4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion and Human Rights Policy'](#) or the [Equality and Diversity website](#).
- 4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

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Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Stroke and Tia Multidisciplinary Care Pathway Clinical Guideline V10.0
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Directorate / Department responsible (author/owner):	Dr Katja Adie, Eldercare Department
Contact details:	01872 252084
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General Manager confirming approval processes:	Johanna Floyd
Name of Governance Lead confirming approval by specialty and care group management meetings:	Paul Evangelista
Links to key external standards:	1. Rothwell PM, Eliasziw M, Gutnikov SA et al. Sex difference in the effect of time from symptoms to surgery on benefit from carotid endarterectomy for transient ischemic attack and nondisabling stroke. Stroke 2004;35(12):2855–2861.

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	<p>2. Rankin J. "Cerebral vascular accidents in patients over the age of 60." Scott Med J 1957;2:200-15.</p> <p>3. Nasreddine ZS, Phillips NA, Bedirian V et a. The Montreal Cognitive Assessment, MOCA: A Brief screening tool for mild cognitive impairment. Journal of American Geriatric Society 2005(4). 695-699.</p>
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Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Stroke

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
2008	V1.0	Initial issue	K Adie, Consultant
2009	V2.0	Updated with new clinical evidence	K Adie, Consultant
2010	V3.0	Updated with new clinical evidence	K Adie, Consultant
2011	V4.0	Updated with new clinical evidence	K Adie, Consultant
2012	V5.0	Updated with new clinical evidence	K Adie, Consultant
2014	V6.0	Updated with new clinical evidence	K Adie, Consultant
2016	V7.0	Updated with new clinical evidence	K Adie, Consultant
2017	V8.0	Updated with new clinical evidence	K Adie, Consultant
Feb 2020	V9.0	Updated with new clinical evidence	K Adie, Consultant
Feb 2023	V10.0	Full update	K Adie, Consultant

**All or part of this document can be released under the Freedom of Information Act
2000**

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

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Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Stroke and Tia Multidisciplinary Care Pathway Clinical Guideline V9.0
Directorate and service area:	Stroke
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Dr Katja Adie
Contact details:	01872 252084

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	The aim of this document to inform clinicians of the care pathway following stroke or TIA in Cornwall.
2. Policy Objectives	The guidance enables clinical staff to ensure patients following stroke or TIA get appropriate care and interventions to reduce risk of further cerebrovascular events.
3. Policy Intended Outcomes	Gold standard stroke care
4. How will you measure each outcome?	Sentinel Stroke National Audit Programme Monthly Board Report
5. Who is intended to benefit from the policy?	Patients with new stroke or TIA in Cornwall

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> • Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	<p>Please record specific names of individuals/ groups:</p> <p>This is existing policy and has been widely consulted Clinicians at RCHT, GPs, Managers, Stroke survivors</p> <p>This is not a procedure but a clinical guideline. It has been signed off by the stroke operational group (see notes of meeting 05/02/2020)</p>
6c. What was the outcome of the consultation?	Agreed
6d. Have you used any of the following to assist your assessment?	<p>National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys:</p> No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Dr Katja Adie – Eldercare Consultant

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:

[Section 2. Full Equality Analysis](#)