STROKE AND TIA MULTIDISCIPLINARY CARE PATHWAY 8th Edition
Cornwall Stroke Service (Royal Cornwall Hospital Trust Facing)

MANAGEMENT

1. Aim/Purpose of this Guideline
The aim of this document to inform clinicians on pathway for patients with suspected stroke or TIA in Cornwall (RCHT facing).

2. The Guidance
Suspected Stroke or TIA
ACUTE STROKE IS AN EMERGENCY: DIAL 999

DOES THE PATIENT NEED HOSPITAL ADMISSION? (SEE BOX 1)
Admit patients to RCHT with:
- Acute Stroke (<6 hrs)
- Disabling stroke
- And/or swallowing problems
- Crescendo TIA

ADMISSION IS REQUIRED via ED

YES

Follow Acute Stroke Pathway guideline

Admission IS NOT REQUIRED

NO

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

Acute Stroke Unit
- Assess 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 for transfer to rehab unit or discharge home within 7 days

Discharge Home
- Medication and discharge plan explained to patient and family
- Copy of discharge summary given to patient
- Completion of Section 2 by nursing staff if care package required or restart / increase of existing care package.
- MDT team to arrange equipment and further community rehab prior to discharge
- If complex needs (e.g. palliative management at home) the Integrated Discharge Team 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 Coordinators informed of discharge by audit data base
- If patient has visual field defect, double vision or ocular nerve palsies please refer to orthoptist Faye Gibson via MIAXIMS.

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 and TTO to be completed by medical staff prior to transfer

Residential or Nursing Home Care
- Completion of nursing needs assessment within 48 hours after decision made by MDT that care home is appropriate
- Completion of Section 5 within 24 hours from the 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 Stroke Care Co-ordinator at 0, 1 & 6 months after their hospital discharge and then annually. Referral to GP, community specialist stroke therapy staff, community rehab team or Stroke Physician by Community Stroke Coordinator.
Mood Assessment for patients after stroke

In the first two weeks following stroke the Yell questions are used for screening:
1. Prior to admission did you often feel sad or depressed?
2. Since your admission have you been feeling sad or depressed?
If yes discuss with medical team and consider treatment.

After 2 weeks the following assessments 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

Cognitive Assessment for patients after stroke

Montreal Cognitive Assessment (MOCA) is the baseline cognitive assessment administered by Occupational Therapist (OT) as part of the agreed stroke cognitive pathway.

BUTT Assessment of Non Verbal Reasoning is used to assess patients with aphasia. It is administered by OTs or 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.

Multiple Errands Test assesses executive abilities using functional activities within the hospital setting and is administered by the OT.

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  Dead

References

3. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Timely admission to Stroke Unit, Timely referral to TIA clinic</th>
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<tbody>
<tr>
<td>Lead</td>
<td>Stroke Team</td>
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<tr>
<td>Tool</td>
<td>SENTINEL STROKE NATIONAL AUDIT PROGRAMME, TIA clinic</td>
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<tr>
<td>Frequency</td>
<td>Daily</td>
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<td>Reporting arrangements</td>
<td>Bimonthly review at Stroke Operational Group Meeting</td>
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<td>Acting on recommendations and Lead(s)</td>
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<tr>
<td>Change in practice and lessons to be shared</td>
<td>At Stroke Operational Group Meetings, led by manager Debra Shields</td>
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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, Diversity & 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.
### Appendix 1. Governance Information

| Document Title | STROKE AND TIA MULTIDISCIPLINARY CARE PATHWAY 8th Edition  
Cornwall Stroke Service (Royal Cornwall Hospital Trust facing) |
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Date Issued/Approved:</td>
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<tr>
<td>Date Valid From:</td>
<td>02/07/2016</td>
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<tr>
<td>Date Valid To:</td>
<td>02/07/2019</td>
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</table>
| Directorate / Department responsible (author/owner): | Dr Katja Adie, Eldercare Department  
Daniel Nash, Medical Student |
| Contact details: | 07717714009 |
| 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 | PCT | CFT |
| | ✓ | ✓ |
| Executive Director responsible for Policy: | Rob Parry |
| Date revised: | 02/07/17 |
| This document replaces (exact title of previous version): | Management of Acute Stroke |
| Approval route (names of committees)/consultation: | Stroke Operational Group |
| Divisional Manager confirming approval processes | Gabi Lockwood |
| Name and Post Title of additional signatories | ‘Not Required’ |
| Signature of Executive Director giving approval | |
| Publication Location (refer to Policy on Policies – Approvals and Ratification): | Internet & Intranet | ✓ Intranet Only |
| Document Library Folder/Sub Folder | Stroke Medicine |
| Links to key external standards | Governance Team can advise |
Version Control Table

<table>
<thead>
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<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
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<tr>
<td>2008</td>
<td>V1.0</td>
<td>Initial Issue</td>
<td>K Adie, consultant</td>
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<tr>
<td>2009</td>
<td>V2.0</td>
<td>Updated with new clinical evidence</td>
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<tr>
<td>2017</td>
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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

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Appendix 2. Initial Equality Impact Assessment Screening Form

Name of service, strategy, policy or project (hereafter referred to as policy) to be assessed: Stroke and Multidisciplinary Care Pathway 8th Edition. Cornwall Stroke Service (Royal Cornwall Hospital Trust Facing)

<table>
<thead>
<tr>
<th>Directorate and service area:</th>
<th>Existing</th>
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<tbody>
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<td>Name of individual completing assessment: K Adie</td>
<td>Telephone: 07717714009</td>
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</table>

1. Policy Aim*

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

5. How will you measure the 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

6a. Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?

b. If yes, have these groups been consulted?

c. Please list any groups who have been consulted about this procedure.

This is existing policy and has been widely consulted
Clinicians at RCHT, GPs, Managers, Stroke survivors
This is not a procedure but a clinical guideline. It has been signed off by the stroke operational group (see notes of meeting 28/03/2014).

*Please see Glossary

7. The Impact

Please complete the following table.

Are there concerns that the policy could have differential impact on:

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
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<tbody>
<tr>
<td>Age</td>
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<td></td>
</tr>
<tr>
<td>Category</td>
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<td>Notes</td>
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<td>---------------------------------------------------------------</td>
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<td><strong>Sex</strong> (male, female, trans-gender / gender reassignment)</td>
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<td><strong>Race / Ethnic communities /groups</strong></td>
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<td><strong>Disability</strong> - learning disability, physical disability, sensory impairment and mental health problems</td>
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<td>Ensure literature is available in alternative accessible formats</td>
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<td><strong>Religion / other beliefs</strong></td>
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<td><strong>Marriage and civil partnership</strong></td>
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<td><strong>Pregnancy and maternity</strong></td>
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<tr>
<td><strong>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</strong></td>
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You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended. | Yes | No  | X |

9. If you are not recommending a Full Impact assessment please explain why.

| Name and signature of members carrying out the Screening Assessment | 1. | 2. HREI Lead |

Please sign and date this form.

Keep one copy and send a copy to Matron, Equality, Diversity and Human Rights, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Chyvean House, Penventinnie Lane, Truro, Cornwall, TR1 3LJ

A summary of the results will be published on the Trust’s web site.

Signed ____________________________________________

Date ____________________________________________