

# Stroke

## Airway

- Signs of airway obstruction – stridor / snoring

- If signs of obstruction try airway manoeuvres – head tilt chin lift / jaw thrust +/- adjuncts (guedel / NP airways)

## Breathing

- Low O2 saturations
- Inspiratory crackles ? aspiration

- Oxygen via NRBM 15L/min
  - Chest x-ray

## Circulation

- Assess pulse ? AF
- Hypertension – sympathetic response

- IV access + bloods including FBC, U+E, CRP, LFTs, INR
  - ECG
- Check for carotid bruit
- Start maintenance fluids
- CAUTION treating HTN acutely as may reduce cerebral BF

## Disability

- Reduced level of consciousness/ focal unilateral neurology
- Dysarthria/ dysphasia

- If onset of symptoms <6 hours ago call stroke reg & arrange an urgent CTH – potential thrombolysis candidate
- If >6hrs & no intracerebral bleed on CTH give 300mg of aspirin
- Patient should be NBM until seen by SALT team

## Exposure

- ?headache
- Check temperature
- Check BMs

- Analgesia as required
  - Correct BMs if low
- If pyrexial see hospital guidelines for abx therapy
- Both Low BMs & infection can mimic strokes in patients with previous CVAs without there being a new insult