Strokes and TIAs are medical emergencies
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Summary

Recognising the signs of stroke and TIA (sometimes called a mini-stroke) and treating it as a medical emergency is critical. The faster a person arrives at a specialist stroke unit, the quicker they will receive appropriate treatment and the more likely they are to survive and make a better recovery.

If you suspect a stroke, always dial 999

The National Stroke Strategy (Department of Health 2007) states that employers should develop a plan supporting development and training to create a stroke-skilled workforce.

The best services are built around the individual, with good forward planning to take account of the needs, circumstances and preferences of individuals.

Those being cared for by well-trained, knowledgeable and prepared care providers are more likely to receive the urgent medical care they need. They’re also more likely to experience a smooth, coordinated return from hospital with access to a broad range of services to help them recover from, and cope with, the long-term effects of stroke.

This policy outlines the policy and practice care providers should put in place, and support all staff to carry out, when someone suspects a stroke or TIA.
Declaration of commitment

__________________________________________ (enter organisation’s name) is committed to treating all service-users who they suspect are having a stroke or TIA as a medical emergency.

This policy is to:

- ensure all staff know how to recognise a stroke and act FAST
- ensure that 999 is called immediately when anyone shows signs of a stroke or TIA
- reduce the amount of time between first symptoms of a stroke and hospital admission
- ensure smooth transition when returning from hospital after a stroke.

Objectives

Our long term objectives are to:

- ensure everyone in a care setting who shows a sign of a stroke or TIA is treated as a medical emergency, regardless of age or premorbid conditions
- reduce the impact of stroke by treating it as a medical emergency
- inform staff at all levels of the signs of stroke and how to act FAST.

Name  ________________________________
Signed ______________________________
Job role ______________________________
Date  ________________________________
Everyone’s responsibility

It is the individual’s responsibility to:

- act FAST by dialling 999 when they see any one of the signs of stroke
- use opportunities to learn about stroke as a complex, long-term condition
- identify needs for onwards referral and report concerns early
- share best practice with work colleagues
- provide up-to-date information and signposting to colleagues, stroke survivors, their friends and families.

Management’s responsibility

It is the management’s responsibility to ensure this policy is implemented throughout the organisation. The management will:

- ensure all staff are FAST aware, confident and competent at identifying signs of stroke and TIA
- create opportunities for staff to learn about stroke as a complex, long-term condition
- encourage staff to raise concerns and identify needs for onwards referral
- promote effective stroke care and best practice
- provide information and up-to-date signposting to staff, stroke survivors, their friends and families.
What is a stroke?

There are two types of stroke – ischaemic (clot) and haemorrhagic (bleed).
About 85% of all strokes are ischaemic and 15% haemorrhagic.

What is a transient ischaemic attack (TIA)?

- A transient ischaemic attack, or TIA (often referred to as “mini-stroke” or “warning stroke”) is where stroke symptoms resolve within 24 hours.
- A TIA should be treated just as seriously as a full stroke.
- 46,000 people in the UK have a first incidence of TIA every year.
- Approximately 15% of ischaemic strokes are preceded by a TIA.
- The greatest risk of stroke is within the days immediately after a TIA.

- 1 in 12 people will have a stroke within a week of having a TIA.
- Approximately 10,000 recurrent strokes can be prevented every year in the UK if TIA and minor strokes are treated in time.

For information about strokes and TIAs please visit www.stroke.org.uk/what-stroke

If you think you or someone you know is having a stroke or TIA, it is a medical emergency so call 999.
How to recognise a stroke or TIA

The first signs that you have had a stroke or a TIA are very sudden. The FAST test should be used to recognise the signs of a stroke or TIA.

Suspect a stroke?
Act FAST – Call 999.
This simple test can help you recognise the signs of a stroke.

F – Facial weakness: Can the person smile? Has their mouth or an eye drooped?
A – Arm weakness: Can the person raise both arms?
S – Speech problems: Can the person speak clearly and understand what you say?
T – Time to call 999.

If you see any one of these signs, call 999 immediately.

The brain controls everything we do and 90% of all strokes show at least one of the FAST signs.

This means that over 15,000 people every year show some of the rarer signs of stroke. Other symptoms can include:

- sudden weakness or numbness on one side of the body
- difficulty finding words or understanding words
- sudden blurred vision or loss of sight
- sudden confusion, dizziness or unsteadiness
- a sudden, severe headache.

Since the FAST campaign began, more than 38,000 people have got to hospital sooner, saving many lives.
How to Act FAST

From the moment a stroke starts, brain cells begin to die. The person is at risk of death and each minute that passes is time that could influence whether they survive or not.

The faster you act the more of the person you save. For every minute that passes 120 million brain cells are lost. Time is brain!

CALL 999 and follow emergency services instructions

Place in recovery position

Carry out FAST test and look for other stroke signs

One or more symptoms present?

Monitor and reassure

Ensure individual is safe and do not let them drink, eat or take medication until they have been assessed
Who can call 999?

Anyone can call 999

Adhering to this policy means that all care staff and support staff will ring 999 if any of the signs of stroke are suspected.

Any delay from when someone first shows signs of a stroke and getting them medical attention increases the risk of death, permanent brain damage and complex disability.

In order to fully implement this policy all staff will need to be trained on the FAST message. This will also need to be written into the induction process for the organisation.

Could you spot the signs of stroke?

Forward the FAST test to your friends and family. Act FAST and save more lives.

stroke.org.uk/fastforward

association
Advance decisions

Some people may decide that they do not wish to go to hospital in certain situations, and therefore will need to make advanced plans with health care professionals supporting them to make informed decisions.

To ensure individuals’ requests are taken into account they can have their wishes stated in an advance decision.

An advance decision (sometimes known as an advance decision to refuse treatment, or ADRT, or a living will) is a decision to refuse a specific type of treatment at some time in the future.

In such circumstances it is important that the health care professional explains a range of issues that may influence the decision on whether or not to go to hospital and receive treatment. It may also influence what type of treatment they would like to receive, for example, they may not want invasive treatments such as surgery but would be happy to have a swallow assessment to prevent swallowing complications that can lead to pneumonia.

Questions to consider to ensure a person makes an informed choice:

- Do you know what a stroke is?
- Do you know why stroke is a medical emergency?
- Would you want treatment that could limit the damage being done to your brain?
- People who have a stroke need special assessments such as a swallow assessment. These can prevent serious life shortening issues such as choking or pneumonia. Would you be prepared to go into hospital for these assessments?
- Often people who have a stroke or TIA get investigations and treatments to stop them from having another one. Would you be willing to be admitted to hospital if the risk of having another stroke or TIA could be reduced?
- Are you prepared to miss out on interventions that could ensure you maintain the best possible standards of life or potentially save your life?
If the person has mental capacity and confirms that they do not want to be actively treated for a stroke then, in these circumstances, we would not call 999 and inform the GP or appropriate health care professionals.

**Important to note:**

It is important to remember that those with advance decisions are free to change their mind (so someone with an advance care plan saying they do not wish further hospital admission may still choose to be admitted if they are having a stroke or TIA).

## The impact of stroke

### How often does stroke strike?

- Stroke occurs approximately **152,000** times a year in the UK.
- That is one stroke every **3 minutes and 28 seconds** in the UK.
- The greatest risk of having another stroke is in the first 30 days.
- Every 2 seconds someone in the world will have a stroke for the first time.
- There were almost 17 million incidences of first-time stroke worldwide in 2010.
Effects of stroke

- Stroke causes a greater range of disabilities than any other condition.
- Stroke can affect walking, talking, speech, balance, co-ordination, vision, spatial awareness, swallowing, bladder control and bowel control.

The table shows the range of effects that stroke can cause.

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>% of people affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper limb/arm weakness</td>
<td>77%</td>
</tr>
<tr>
<td>Lower limb/leg weakness</td>
<td>72%</td>
</tr>
<tr>
<td>Visual problems</td>
<td>60%</td>
</tr>
<tr>
<td>Facial weakness</td>
<td>54%</td>
</tr>
<tr>
<td>Slurred speech</td>
<td>50%</td>
</tr>
<tr>
<td>Bladder control</td>
<td>50%</td>
</tr>
<tr>
<td>Swallowing</td>
<td>45%</td>
</tr>
<tr>
<td>Aphasia</td>
<td>33%</td>
</tr>
<tr>
<td>Sensory loss</td>
<td>33%</td>
</tr>
<tr>
<td>Depression</td>
<td>33%</td>
</tr>
<tr>
<td>Bowel control</td>
<td>33%</td>
</tr>
<tr>
<td>Inattention/neglect</td>
<td>28%</td>
</tr>
<tr>
<td>Emotionalism within six-months</td>
<td>20%</td>
</tr>
<tr>
<td>Reduced consciousness</td>
<td>19%</td>
</tr>
<tr>
<td>Emotionalism post-six months</td>
<td>10%</td>
</tr>
<tr>
<td>Identified dementia one-year post stroke</td>
<td>7%</td>
</tr>
</tbody>
</table>
Questions to ask when someone is discharged from hospital

1. What **impact** has the stroke had in summary?
2. Has there been a **change in medication**, will anybody be reviewing this?
3. Do they have any **physical problems** for example, mobility, continence, vision and sensation? Will anybody be following them up?
4. Do they need help with **everyday tasks**? Will anyone be following them up for further assessment and support?
5. Do they have any **swallow problems**? Have they been assessed by a speech and language therapist?
6. Do they have any **communication problems**? Will anybody be following them up for any type of communication support?
7. How is their insight and **mood**? Will anybody be following them up?
8. Are there any **prevention activities** that can help prevent them from having another stroke? (Monitor BP closely, reduce salt, alcohol or fatty foods etc.)

Information to make readily available if someone is admitted into hospital

1. Their Communication Licence or Stroke Recovery Passport.
2. Details of their current medication.
3. Details of their current mobility.
4. Details of any memory or thinking problems.
5. Details of any hearing or visual problems.
6. Details of any communication difficulties.
7. Whether they have an advance decision.
8. Whether they have a legally appointed welfare guardian or power of attorney for welfare.
9. Whether a member of staff that knows them will be accompanying them to hospital.
Where to go for information and support

We are the Stroke Association

We believe in life after stroke. That’s why we support stroke survivors to make the best recovery they can. It’s why we campaign for better stroke care. And it’s why we fund research into finding new treatments and ways of preventing stroke.

Stroke Helpline: 0303 3033 100

Website: stroke.org.uk

Email: info@stroke.org.uk

Textphone: 18001 0303 3033 100

For information on training and qualifications please contact:

Telephone: 01527 903 911

Website: stroke.org.uk/training

Email: stroketraining@stroke.org.uk