| Title | SUSPECTED STROKE OR TIA | | | Number | CL31 |
|-----------------|--|-----------|-------------|----------|----------|
| Effective From: | 01.09.10 | Duration: | No end date | Review: | 01.04.26 |
| Author: | Dr J Storer | | | Version: | 1.5 |
| Other Ref: | Nice Guideline NG128 - Stroke and transient ischaemic attack in over 16s: diagnosis and initial management | | | | |
| Contacts: | Dr F Wilson | | | | |

Version Control

(Only last 3 versions, earlier versions can be found in the appropriate Archive directory for the document)

| DATE | CHANGE | CHANGED BY |
|----------|---|------------|
| 21.03.16 | Reviewed, no change | SM |
| 31.05.19 | Reviewed, no change | SMcD |
| 04.04.23 | Reviewed, minor change and additional NG link | FW |

Introduction

With patients who may have had a stroke or transient ischaemic attack (TIA), time can be of the essence. In the OOH period, timely referral to secondary care is paramount so that urgent scans +/- thrombolysis can be undertaken if required.

The **FAS** test can be used to screen for the condition and should be recorded:

- Facial weakness can the person smile? Has their mouth or eye drooped?
- Arm weakness can the person raise both arms?
- Speech problems can the person speak clearly and both articulate and use appropriate words?

In the acute presentation TIA can only be distinguished from stroke if the symptoms have completely resolved in less than 24 hours.

Most cases can be identified by a telephone clinical assessment.

