# COMBINED RED (Covid-19) and GREEN STROKE and TIA Pathways: STROKE



The geriatric and stroke specialist teams are endeavouring to maintain Stroke and TIA pathways, but with some refinement for frail patients and those who've symptoms have resolved. The aim is to prioritise RCH ED attendance only for those who will need urgent medical and therapy input. TIA clinic will run virtually for as long as possible by those in isolation with work laptops/IT connection. TIA imaging will be arranged as required, but Carotid Dopplers will only be arranged for those who would be eligible for emergency surgery as per re-published guidance.

Ongoing persistent major or minor stroke symptoms at the time of GP/SWAST assessment: consider general health, presentation and act as below. If advice required, discuss with doctor GP/ AGP/ HCP with the most patient knowledge and info at time before conveyance.

Minor residual symptoms in frail elderly patient at the time of GP/SWAST assessment i.e. Rockwood Frailty score ≥5 or 'do you receive physical care to support you living at home?' = YES

If urgent in-patient medical and therapy, review and treatment appropriate and patient agrees: Attend to RCHT ED as usual stroke

pathway. CONVEY to RCH

Patient declines admission:

Complete SERF<sup>1</sup> Single Electronic Referral Form (SERF) to co-ordinate community services: 08:00 -20:00 hrs.

Rapid Response Team to assess patient within 2 hours

**SERS/SWAST** to discuss with GP/ AGP/ HCP (111\*5) first.

**Discuss with GotD** via frailty phone (01872 252161) if guidance needed 24/7

If clinical situation looks poor at outset (e.g. GCS<8, NEWS>7 with frailty score ≥7): Consider palliative care out of hospital. DO NOT CONVEY.

Complete SERF<sup>1</sup> Single Electronic Referral Form (SERF) to coordinate community services: 08:00 - 20:00 hrs.

Rapid Response Team to assess patient within 2 hrs

SERS/SWAST to discuss with GP/ AGP/ HCP (111\*5) at first contact.

**Discuss with GotD** via frailty phone (01872 252161) if guidance needed 24/7

Possible transfer to SRU as appropriate

Not for admission clinically/Care needs can be met at home or patient's wishes. Stay home with support. DO NOT CONVEY

Complete SERF<sup>1</sup> Single Electronic Referral Form (SERF) to co-ordinate community services: 08:00 – 20:00 hrs.

SERS/SWAST to discuss with GP/ AGP/ HCP (111\*5) first.

**GP/HCP to speak to GotD** via frailty phone (01872 252161) if CT scan needed.

- Medical management as per stroke guidelines.
- GP to refer to the stroke nurse service for follow cornwallstrokeservice@nhs.net or 01209 318120

Stroke diagnosis clear

If care needs unable to be met at home: CATU admission required. CONVEY to CATU

Complete SERF<sup>1</sup> Single Electronic Referral Form (SERF) to co-ordinate direct community admission to CATU: 08:00 - 20:00 hrs.

CT can be arranged through Community Hospital team / GoTD 24/7 (01872 252161)

Stroke diagnosis unclear/ on anticogulant/clinical concerns: Discuss with GotD via frailty phone (01872 252161) if guidance needed 24/7



Patient choice to remain remain at home.

Complete SERF<sup>1</sup> Single Electronic Referral Form (SERF) to co-ordinate community services: 08:00 - 20:00 hrs.



GP to refer to the stroke nurse service for follow cornwallstrokeservice@nhs.net or 01209 318120



Discharge/Kept at home -Follow up with Stroke Nurse +/- ESD as required

Refer to TIA clinic cornwalltiaclinic@nhs.net If confirm stroke diagnosis via virtual clinic

Phone support for vulnerable/isolated stroke patients can be provided by community stroke service, volunteer Cornwall and the stroke association. Patients can be referred via cornwallstrokeservice@nhs.net or 01209 318120 where a list of people needing phone support or contact will be held or 01209 318120 (SERS) Single Electronic Referral Service (SERS) 8am-8pm - via completion of <sup>1</sup>Single Electronic Referral Form (SERF) to co-ordinate place-based community services via Community Co-ordination Centre (CCC) and Bed Bureau to avoid admission. This will replace all referral forms such as eBICA.

Author: Dr Laura Wesson / Date: 08.04.2020 / Version 08

# COMBINED RED (Covid-19) and GREEN STROKE and TIA Pathways: TIA



#### Clear TIA Presentation

Symptoms fully resolved at the time of GP/ SWAST assessment (if not refer to stroke pathway)

# **RCH ED conveyance:**

**ONLY** if crescendo TIAs (>1 TIA in 7 days) in NON-FRAIL patient i.e. (Rockwood Frailty score <5 or frailty question answer: do you receive physical care to support you living at

As COVID numbers rise: consult **GotD** via frailty phone (01872) 252161) before conveyance.

home? = No

At peak covid, crescendo TIA admissions may stop.

## If patient declines transfer to RCH ED: refer non-frail crescendo TIA to

TIA clinic cornwalltiaclinic@nhs.net

#### **Community conveyance:**

**DO NOT** convey to ED if TIA in FRAIL patient. (Even even if on anticoagulant/ clotting disorders/ AF/ crescendo TIA

Complete SERF<sup>1</sup> Single Electronic Referral Form (SERF) to co-ordinate community services: 08:00 - 20:00 hrs.

Rapid Response Team to assess patient within 2 hrs

SERS/SWAST to discuss with GP/ AGP/ **HCP (111\*5)** with most patient information first.

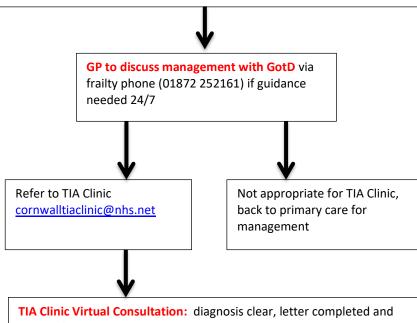
### GP to start medical management as per TIA guidelines (local and RCP 2016)

- CT head only if will alter pt's treatment eg. on anticoagulation/clotting disorder
- refer to community stroke nurse for follow up cornwallstrokeservice@nhs.net or 01209 318120

Telephone/face to face follow up by stroke nurse at day 1 and 1 month as per usual TIA protocols

## **Unclear TIA Presentation/ Urgent Medical Concerns**

Symptoms fully resolved but not typical for TIA or complex comorbidities



sent to GP

- CT Head to be ordered ONLY if it will affect patient management
- Carotid Dopplers to be ordered ONLY for patients who may require carotid surgery (as per COVID vascular guidance (relatively young, independent, minimum co-morbidities, require local anaesthetic procedure only)
- Consider WCH for CT scanning as required

GP to prescribe secondary prevention medications as advised in TIA clinic letter (direct patients to pharmacies not supermarkets for prescriptions due to possible supply issues).