

Telestroke: Patient Selection

- The Telestroke Referral Algorithm can be used as a reference
 - ✓ **Look at the exclusions:** > 24 hours, *severe pre-stroke comorbidities, mild isolated deficits (see note 1), and non-disabling deficits (see note 2)*
 - ✓ The ACT-FAST is optional; however, it is helpful in determining which patients have severe neurological deficits and are most likely to have a large vessel occlusion (LVO) on their CTA both required to be eligible for EVT
- Fill out the Telestroke Referral Worksheet **before** calling CritiCall
- If in doubt, call for a Telestroke Consultation

Telestroke Referral Algorithm

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NOT Eligible for Telestroke

– Proceed with usual/onsite care and/or Consult local specialist for advice.

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Triage Nurse to complete FAST Stroke Screen¹

- Facial Droop
- Arm and /or Leg Weakness
- Slurred Speech, Inappropriate Words or Mute
- Time: Verify last known well with witness (<24)

If POSITIVE

Triage Nurse Notify ED MD STAT
Triage as CTAS 2 (if patient presents in respiratory distress/shock – triage as CTAS 1)

ED MD to confirm Acute Stroke Protocol Case AND there are **persistent** stroke symptoms

Yes

ED MD to ensure patient is **NOT** bed bound or severely demented (defined as an inability to communicate or recognize family member) or cannot be left alone for hours or palliative with end of life care

No

Witnessed onset or last seen well
0 – 6 hrs
Confirmed by collateral history

Yes

Does the patient have a persistent stroke deficit and not mild isolated symptoms,¹

No

Witnessed onset or last seen well
6 - 24 hrs
Confirmed by collateral history

Yes

Does the patient have persistent moderate to severe stroke deficits? e.g. hemiparesis, aphasia, neglect,² OR a positive ACT-FAST Screen

No

> 24 hrs

No

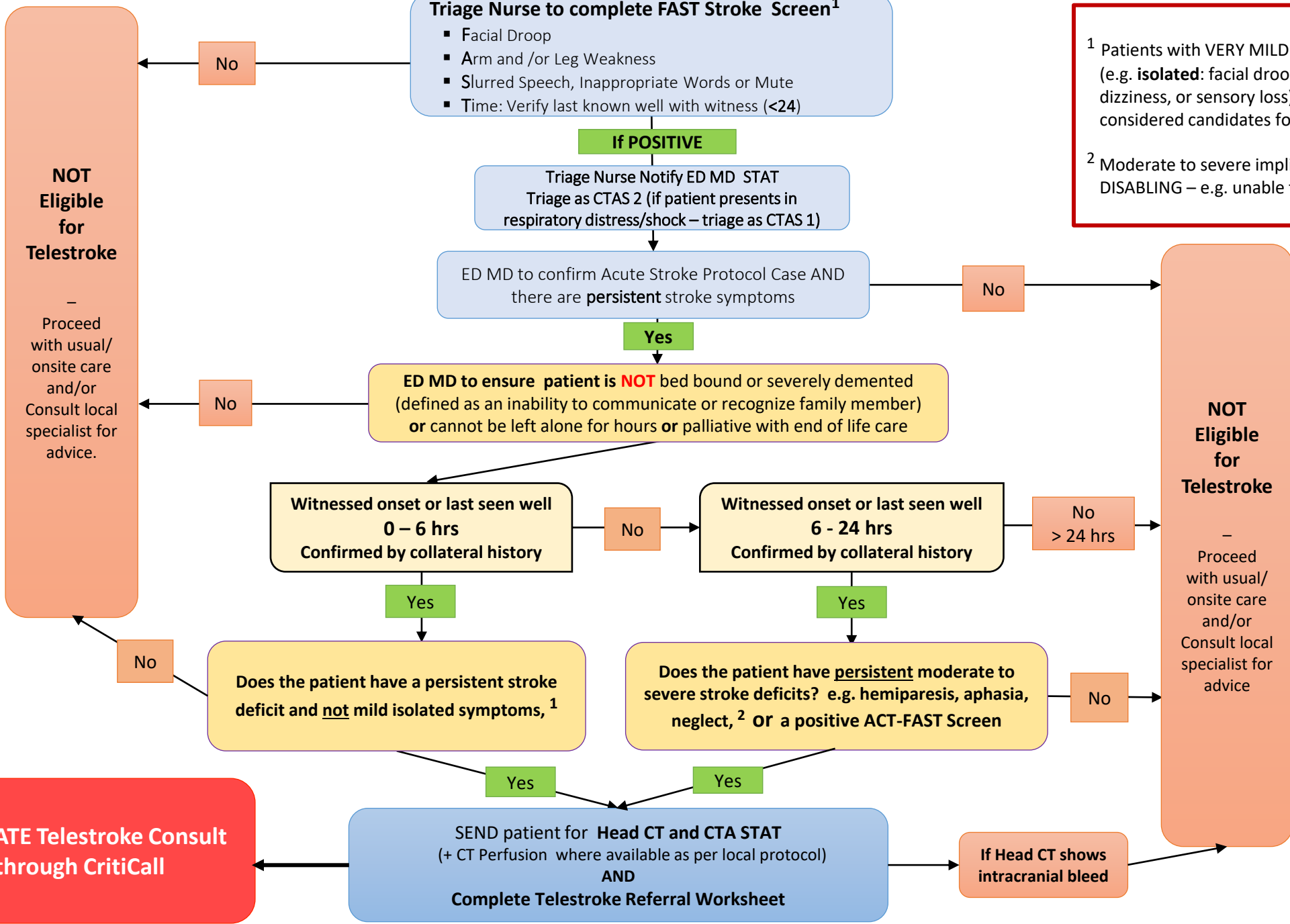
SEND patient for **Head CT and CTA STAT**
(+ CT Perfusion where available as per local protocol)
AND
Complete Telestroke Referral Worksheet

If Head CT shows intracranial bleed

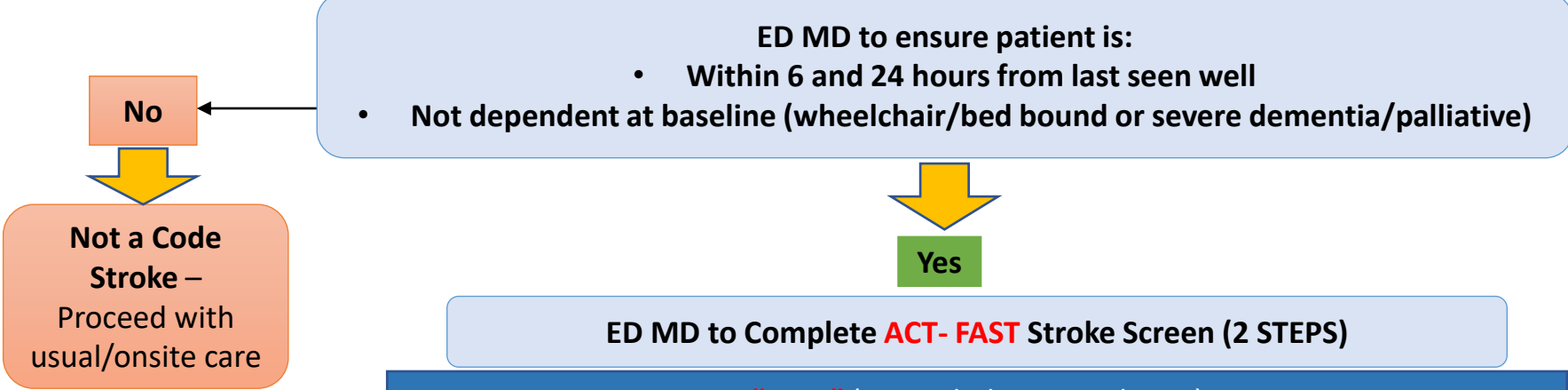
ACTIVATE Telestroke Consult through CritiCall

¹ Patients with VERY MILD deficits (e.g. **isolated**: facial droop, slurred speech, dizziness, or sensory loss) are NOT considered candidates for Telestroke.

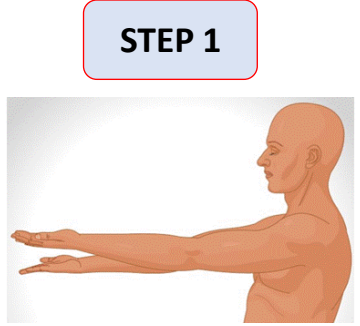
² Moderate to severe implies the deficit is DISABLING – e.g. unable to walk or speak



**ACT-FAST
STROKE
SCREEN**



“ARM” (one-sided arm weakness)
Position both arms at 45 degrees from the horizontal with elbows straight
POSITIVE TEST
One arm falls completely within 10 seconds of being held up.
For patients that are uncooperative or cannot follow commands:
Witness minimal or no movements in one arm & normal movement in the other arm



Proceed **ONLY** if Positive

If **RIGHT** ARM is weak

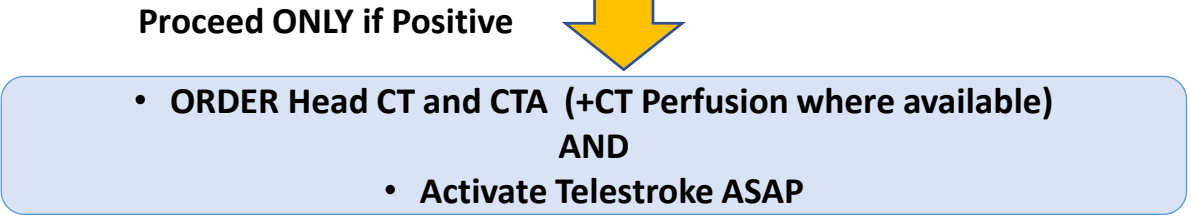
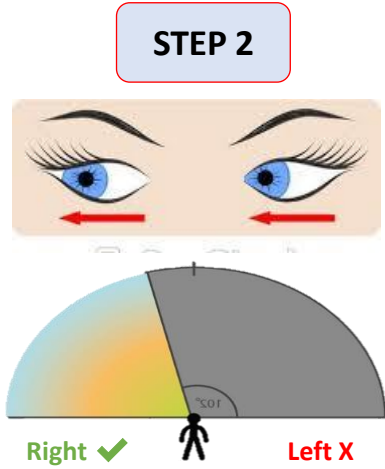
“CHAT” (severe language deficit)
Ask the patient to repeat “You can’t teach an old dog new tricks” OR perform simple tasks (“make a fist”, “open and close your eyes”)
POSITIVE TEST
Mute, Speaking incomprehensibly, unable to follow simple commands



Proceed **ONLY** if Positive

If **LEFT** ARM is weak

“TAP” (gaze and shoulder tap test)
Stand on patient’s **LEFT** side & call name
POSITIVE TEST – Consistent gaze to the **RIGHT**
OR
Tap **LEFT** shoulder & call name
POSITIVE TEST - does not quickly turn head and eyes to you/ the left (neglects left side)



REQUIRED PATIENT INFORMATION for Telestroke Consultation

Age / Sex	Times: ED arrival ___ / ___ Last Seen Well: ___ / ___	
History of Bleeding <input type="checkbox"/>	Recent surgery / trauma, biopsy <input type="checkbox"/>	Prior Stroke <input type="checkbox"/> History of AF <input type="checkbox"/>
Medications:		Antiplatelet Agent <input type="checkbox"/> Warfarin <input type="checkbox"/> NOAC <input type="checkbox"/>
EXAMINATION	BP _____ / _____ HR _____	AF on ECG <input type="checkbox"/>
Deficits and severity: describe visual, speech, motor deficits (completed NIHSS not required)		NIHSS _____ (if known)
Referring physician's OHIP Billing Number: _____		