

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.

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 1

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

No

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

No

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

No

> 24 hrs

Yes

Yes

No

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

Yes

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

No

Yes

ACTIVATE Telestroke Consult through CritiCall

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

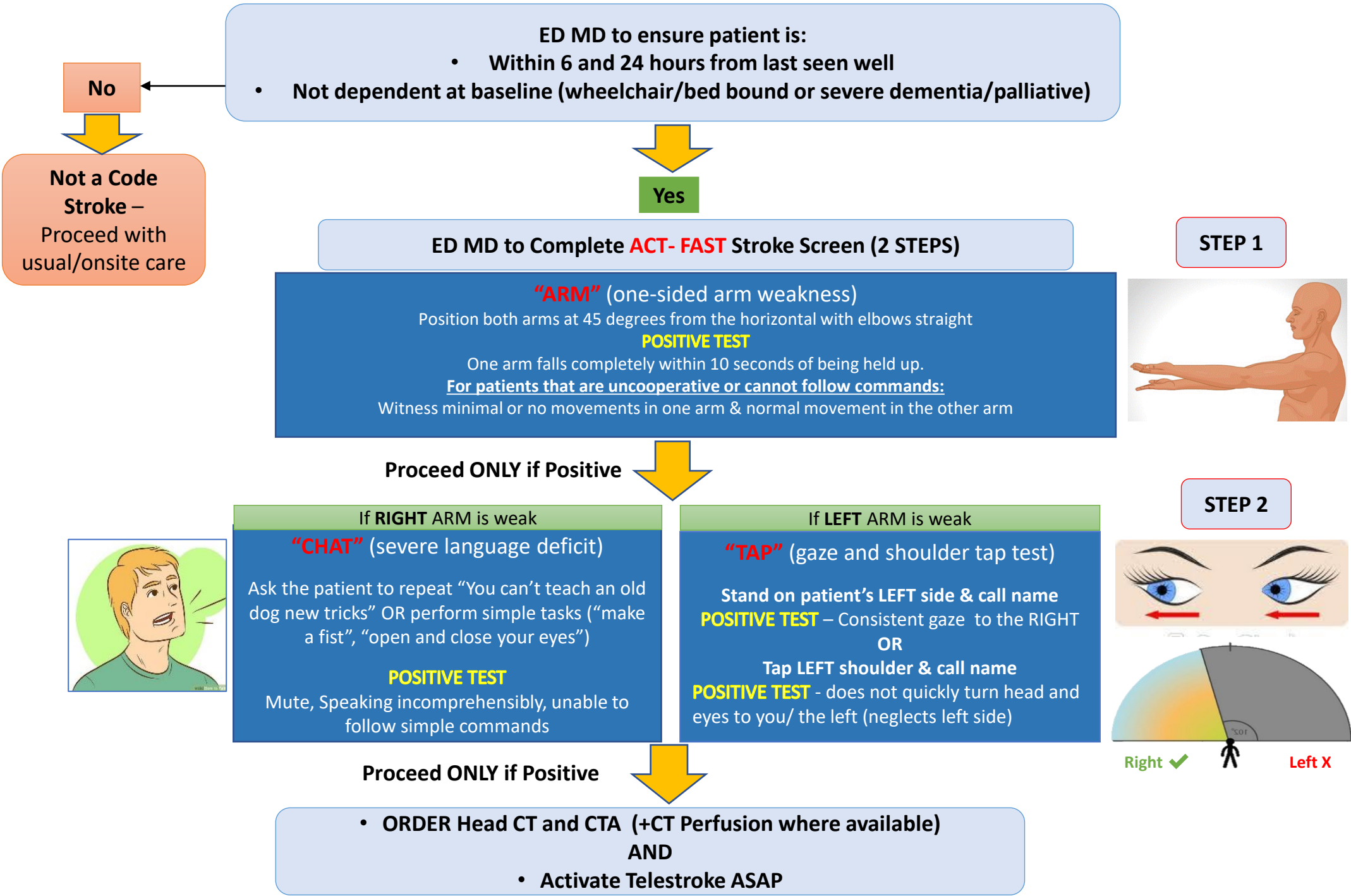
¹ Patients with VERY MILD deficits (e.g. **isolated**: facial droop, slurred speech, dizziness, or sensory loss) are NOT considered candidates for Telestroke.

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

NOT Eligible for Telestroke

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

**ACT-FAST
STROKE
SCREEN**



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: _____		