

Stroke overview

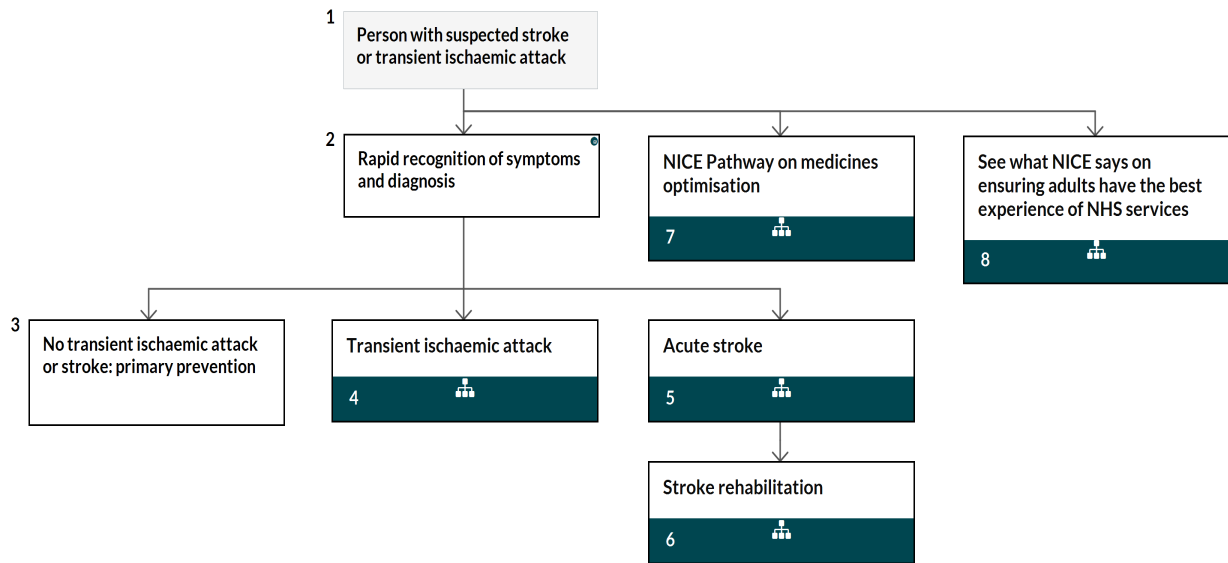
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/stroke>

NICE Pathway last updated: 28 May 2019

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Person with suspected stroke or transient ischaemic attack

No additional information

2 Rapid recognition of symptoms and diagnosis

Use a validated tool, such as FAST, outside hospital to screen people with sudden onset of neurological symptoms for a diagnosis of stroke or TIA.

Exclude hypoglycaemia in people with sudden onset of neurological symptoms as the cause of these symptoms.

For people who are admitted to the emergency department with a suspected stroke or TIA, establish the diagnosis rapidly using a validated tool, such as ROSIER.

NICE has published a medtech innovation briefing on [Cerebrotech Visor for detecting stroke](#).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

1. Prompt admission to specialist acute stroke units

3 No transient ischaemic attack or stroke: primary prevention

See what NICE says on [cardiovascular disease prevention](#) and [hypertension](#).

See also what NICE says on [preventing stroke in people with atrial fibrillation](#).

4 Transient ischaemic attack

[See Stroke / Transient ischaemic attack](#)

5 Acute stroke

[See Stroke / Initial assessment and treatment: acute stroke](#)

6 Stroke rehabilitation

[See Stroke / Stroke rehabilitation](#)

7 NICE Pathway on medicines optimisation

[See Medicines optimisation](#)

8 See what NICE says on ensuring adults have the best experience of NHS services

[See Patient experience in adult NHS services](#)

Glossary

ABCD2

(a prognostic score to identify people at high risk of stroke after a TIA)

ABCD3

(a prognostic score to identify people at high risk of stroke after a TIA)

acute stroke unit

(a discrete area in the hospital that is staffed by a specialist stroke multidisciplinary team. It has access to equipment for monitoring and rehabilitating patients; regular multidisciplinary team meetings occur for goal setting)

aphasia

(loss or impairment of the ability to use and comprehend language, usually resulting from brain damage)

apraxia

(apraxia of speech is a difficulty in initiating and executing the voluntary movement needed to produce speech when there is no weakness of speech muscles; it may cause difficulty producing the correct speech or changes in the rhythm or rate of speaking)

BMI

body mass index

CE mark

(a logo placed on medical devices sold within the European Economic Area to show they conform to EU safety, health or environmental requirements and are compliant with EU legislation)

CT

computed tomographic

CTA

computed tomographic angiography

dysarthria

(difficulty in articulating words)

dysphagia

(difficulty in swallowing)

dyspraxia

(difficulty in planning and executing movement)

Early supported discharge

(a service for people after stroke which allows transfer of care from an inpatient environment to a primary care setting to continue rehabilitation, at the same level of intensity and expertise that they would have received in the inpatient setting)

ECST

European Carotid Surgery Trialists' Collaborative Group

FAST

(face arm speech test, a test used to screen for a diagnosis of stroke or TIA)

GCS

Glasgow Coma Score

Hemianopia

(blindness in one half of the visual field of one or both eyes)

INR

international normalised ratio

mRS

modified Rankin scale

MHRA's

Medicines and Healthcare products Regulatory Agency

MRA

magnetic resonance angiography

MUST

Malnutrition Universal Screening Tool

neglect

(an inability to orient towards and attend to stimuli, including body parts, on the side of the body affected by the stroke)

NASCET

North American symptomatic carotid endarterectomy trial

NIHSS

National Institutes of Health Stroke Scale

non-disabling stroke

(a stroke with symptoms that last for more than 24 hours but later resolve, leaving no permanent disability)

orthosis

(a device that supports or corrects the function of a limb or the torso)

ROSIER

(recognition of stroke in the emergency room, a scale used to confirm a diagnosis of stroke or

TIA)

screening

(a process of identifying people with particular impairments; people can then be offered information, further assessment and appropriate treatment, screening may be performed as a precursor to more detailed assessment)

Stroke rehabilitation service

(a stroke service designed to deliver stroke rehabilitation either in hospital or in the community)

Stroke inpatient unit

(an environment in which multidisciplinary stroke teams deliver stroke care in a dedicated ward which has a bed area, dining area, gym, and access to assessment kitchens)

TIA

(transient ischaemic attack – stroke symptoms and signs that resolve within 24 hours)

Sources

[Stroke and transient ischaemic attack in over 16s: diagnosis and initial management \(2019\)](#)
NICE guideline NG128

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after

careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.