

Acute Stroke

Clinical Care Standard

What is Acute Stroke?

An acute stroke occurs when the blood supply to the brain is suddenly interrupted. It can be caused by a blood clot or bleeding in a major blood vessel. A stroke can cause a sudden change in a person's ability to speak, swallow, think, move or communicate. A person having a stroke requires urgent medical treatment.

What is the Acute Stroke Clinical Care Standard?

The **Acute Stroke Clinical Care Standard** contains seven quality statements describing the care that should be offered to a person in the period shortly after a stroke.

This fact sheet explains each quality statement and what it means for you. You can use this information to help you make informed decisions in partnership with your clinicians.

1 Early assessment

What the standard says

A person with suspected stroke is immediately assessed at first contact using a validated stroke screening tool, such as the F.A.S.T. (Face, Arm, Speech and Time) test.

What this means for you

If you or another person has any of the signs below, call 000 for an ambulance immediately. These are signs that someone may be having a stroke.

- **Face** – check their face. Has their mouth drooped?
- **Arms** – can they lift both arms?
- **Speech** – is their speech slurred? Do they understand you?
- **Time** – is critical. If you see any of these signs, call 000 straightaway.

2 Time-critical therapy

What the standard says

A patient with ischaemic stroke for whom reperfusion treatment is clinically appropriate, and after brain imaging excludes haemorrhage, is offered a reperfusion treatment in accordance with the settings and time frames recommended in the [Clinical Guidelines for Stroke Management](#).¹

What this means for you

There are two types of stroke: those caused by bleeding in the brain, and those that occur when a blood clot blocks a blood vessel. If a stroke is caused by a blood clot, treatment to restore blood flow in the brain (reperfusion) should be urgently considered. If your clinicians think this treatment could help, it should be offered as soon as possible, within hours.

The treatment may involve medicines to dissolve the blood clot (thrombolysis) blocking the blood vessel or surgery to remove the blood clot, to prevent death of tissue in the brain ('time is brain'). These treatments are not suitable for everyone with a stroke caused by a blood clot and cannot be used if the stroke is caused by bleeding in the brain.

A decision on treatment is normally made after brain imaging, which should be done urgently. Your clinicians will discuss the options with you and your family, and seek consent whenever possible, bearing in mind that reperfusion is an emergency therapy and may be required without delay.

3 Stroke unit care

What the standard says

A patient with stroke is offered treatment in a stroke unit as defined in the [National Acute Stroke Services Framework](#).²

What this means for you

Being treated in a stroke unit by a team of health professionals who specialise in stroke care will increase your chance of a good recovery. A specialised team may include doctors, nurses, physiotherapists, speech pathologists, occupational therapists, dietitians, social workers and pharmacists. You should be offered treatment in a specialised stroke unit whenever possible, which might mean being transferred to a different hospital. If there is no stroke unit, this care should take place in the nearest similar unit meeting the recommended requirements for acute stroke care. You (and/or your carer or family) should be given the opportunity to discuss your wishes regarding transfer to a place where this care can be provided.

1. Stroke Foundation. Clinical guidelines for stroke management 2017. [Internet] Melbourne: Stroke Foundation; 2017 Available from: <https://informme.org.au/Guidelines/Clinical-Guidelines-for-Stroke-Management-2017>

2. National Stroke Foundation. National Acute Stroke Services Framework

Available from: <https://strokefoundation.org.au/What-we-do/Treatment-programs/National-stroke-services-frameworks>

4 Early rehabilitation

What the standard says

A patient's rehabilitation needs and goals are assessed by staff trained in rehabilitation within 24–48 hours of admission to the stroke unit. Rehabilitation is started as soon as possible, depending on the patient's clinical condition and their preferences.

What this means for you

If you have had a stroke, it is very likely that you will need treatment, advice or assistance to help you deal with the impact of the stroke on your everyday life. These needs will be different for every stroke survivor. Rehabilitation covers many different things. For example, you may need help eating and drinking, walking, carrying out your other usual daily activities, or managing the emotional and psychological impact of any disability caused by the stroke. Your individual rehabilitation needs and goals will be assessed as early as possible after your stroke, so that planning and treatment for your recovery can start as soon as possible. Your rehabilitation assessment should occur within 24–48 hours of your arrival at the hospital.

5 Minimising risk of another stroke

What the standard says

A patient with stroke, while in hospital, starts treatment and education to reduce their risk of another stroke.

What this means for you

People who have had one stroke are at high risk of having another one. While you are in hospital, your clinicians may recommend changes to your medicines and lifestyle to reduce your risk of another stroke. You will be provided with written information and advice to help you understand what you can do to improve your health, such as stopping smoking, having a balanced diet and increasing physical activity, where appropriate, and following recommended medical treatment.

6 Carer training and support

What the standard says

A carer of a patient with stroke is given practical training and support to enable them to provide care, support and assistance to a patient with stroke.

What this means for you

If you are involved in caring for someone who has had a stroke, you will be offered information and practical training on how to provide care for the person when they are discharged home. This may include information and training on personal care techniques, communication, safe physical handling, and managing specific issues such as swallowing, dietary modifications and emotional wellbeing. You will also be given contact details of support services before the patient with stroke leaves hospital.

7 Transition from hospital care

What the standard says

Before a patient with stroke leaves the hospital, they are involved in the development of an individualised care plan that describes the ongoing care that the patient will require after they leave hospital. The plan includes rehabilitation goals, lifestyle modifications and medicines needed to manage risk factors, any equipment they need, follow-up appointments, and contact details for ongoing support services available in the community. This plan is provided to the patient before they leave hospital, and to their general practitioner or ongoing clinical provider within 48 hours of discharge.

What this means for you

Before you leave hospital, your doctors, nurses and therapists will discuss your recovery with you and your carer and/or family. They will develop a plan with you (and your carer and/or family) to guide your care after discharge. Your plan may change as your condition changes. You and your regular general practitioner will get a copy of this plan, which sets out:

- Your goals
- The changes you may need to make to your lifestyle
- The medicines you may need to take
- The equipment you may need
- Follow-up appointments
- The rehabilitation services, prevention services and other community support services you are referred to.

Disclaimer

The Australian Commission on Safety and Quality in Health Care has produced this clinical care standard to support the delivery of appropriate care for a defined condition. The clinical care standard is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, when applying information contained within the clinical care standard. Consumers should use the information in the clinical care standard as a guide to inform discussions with their healthcare professional about the applicability of the clinical care standard to their individual condition.

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Resources for stroke survivors and their carers

The Stroke Foundation has developed many resources to assist stroke survivors, their carers and healthcare professionals in the process of discharge planning and transfer of care:

- *My Stroke Journey* – an information pack to give to stroke survivors and their carers before hospital discharge
- StrokeLine – a free telephone support service providing information and advice on stroke prevention, treatment and recovery, staffed by healthcare professionals
- EnableMe – a free web-based resource providing information, a community forum and a tool to track personal goals for recovery.

For more information, see:

www.strokefoundation.org.au/What-we-do/Support-programs

Questions?

For more information, please visit:
www.safetyandquality.gov.au/ccs

You can also contact the Clinical Care Standards project team at: ccs@safetyandquality.gov.au