

Stroke

Clinical Care Standard

Guide for consumers

What is the *Stroke Clinical Care Standard*?

The *Stroke Clinical Care Standard* describes the care that you should expect to receive if you have had a stroke.

The *Stroke Clinical Care Standard* contains eight quality statements. This guide explains each quality statement and what it means for you.

For more information or to read the full Clinical Care Standard visit:
safetyandquality.gov.au/stroke-ccs.

What is stroke?

Stroke occurs when a blood vessel supplying blood to the brain suddenly becomes blocked or begins to bleed. This can cause part of the brain to die, leading to problems with activities such as speaking, swallowing, thinking, moving and communicating.

Stroke remains a leading cause of death and disability in Australia, with profound impacts on individuals, families, and the healthcare system.

Stroke is a serious medical emergency, and timely treatment is critical. With the right treatment at the right time, many people can recover from stroke.

1. Early assessment and urgent transport to hospital

What the standard says

A person with suspected stroke is assessed at first clinical contact using a validated stroke screening tool, such as the [F.A.S.T. \(Face, Arms, Speech and Time\)](#) test. When acute stroke is suspected, the person is transported immediately to a hospital capable of providing appropriate time-critical therapy. The hospital is pre-notified to enable rapid access to care.

What this means for you

If you or another person has any of the signs below, call 000 for an ambulance immediately. **F.A.S.T.** is an easy way to remember the main signs of stroke and the response needed:

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

If the ambulance or emergency services think you may be having a stroke, they will arrange for you to get to a hospital as fast as possible for early, accurate diagnosis and time-critical therapy. This may mean going to a hospital that is able to treat stroke, even if it is not the closest hospital to you.

2. Time-critical therapy

What the standard says

A patient with acute stroke receives time-critical therapy urgently and in accordance with the [Living Clinical Guidelines for Stroke Management](#). A patient with ischaemic stroke suitable for reperfusion therapy receives timely thrombolysis and/or endovascular thrombectomy. A patient with intracerebral haemorrhage receives urgent blood-pressure-lowering therapy and/or anticoagulation reversal where appropriate.

What this means for you

There are two types of stroke: those that occur when a blood clot blocks a blood vessel, and those caused by bleeding in the brain.

A brain scan will be done urgently to look for signs of a stroke and to work out the type of stroke. A computed tomography (CT) scan and magnetic resonance imaging (MRI) are different types of scans that take pictures of your brain and can show areas of damage and swelling. After the scans, your healthcare team will discuss treatment options with you and your family or support people. The treatment you receive will be based on your type of stroke, your clinical condition and history, and your wishes, and will follow national evidence-based recommendations.

Stroke caused by a blood clot (ischaemic stroke)

If a stroke is caused by a blood clot blocking a blood vessel, treatment to restore blood flow in the brain should be urgently considered. If your clinicians think this treatment could help, it should be offered as soon as possible after a stroke to prevent brain cells from dying ('time is brain').

The treatment may involve medicines to dissolve the blood clot (thrombolysis) or surgery to remove the blood clot (endovascular thrombectomy). These treatments are not suitable for everyone with a stroke caused by a blood clot. They cannot be used if it has been a long time since your stroke. They must not be used if the stroke is caused by bleeding in the brain.

Stroke caused by bleeding in the brain (intracerebral haemorrhage)

If a stroke is caused by bleeding in the brain, treatment should be urgently considered. If your healthcare team thinks treatment could help, it should be offered as soon as possible.

If your blood pressure is high, you will be given medicines to lower your blood pressure. This may help stop the bleeding in the brain from spreading and may prevent any brain injury from getting worse.

If you were taking a blood thinning medicine before your stroke, a medicine may be given to reverse the effects of the blood thinning medication and prevent more bleeding.

Other urgent treatments or surgery may also be recommended, according to individual needs and the cause of the stroke.

3. Stroke unit care

What the standard says

A patient with stroke is promptly transferred to a stroke unit, as defined in the [National Acute Stroke Services Framework](#). The patient receives early, protocolised care to prevent complications and maximise recovery.

What this means for you

A stroke unit is a special hospital ward for patients with stroke. Being treated in a stroke unit by a team of health professionals who specialise in stroke care will increase your chances of a good recovery. Your specialised team may include doctors, nurses, occupational therapists, physiotherapists, speech pathologists, dietitians, social workers, pharmacists, and a stroke coordinator.

You should be offered treatment in a specialised stroke unit whenever possible. The ambulance should take you directly to a hospital with a stroke unit or your hospital should transfer you to one if necessary. You (and your family or support people) should be given the opportunity to discuss your wishes regarding transfer to a place that provides stroke unit care.

If there is no stroke unit in your area, and transfer is not feasible, you may receive care in the nearest hospital that provides recommended stroke care without a stroke unit. For example, the healthcare team may have regular videocalls with stroke health professionals at another hospital (telehealth) rather than face-to-face visits onsite. This may allow you to receive specialist care closer to your home.

Your healthcare team will offer the best care for you, based on national or local recommendations. Soon after you arrive at hospital, your healthcare team will check your ability to swallow to make sure you can drink, eat and take medicines safely. If you have trouble swallowing, a speech pathologist will develop a plan with you and your family or support people. Your healthcare team will regularly check your blood sugar levels and body temperature and treat them when necessary.

4. Rehabilitation

What the standard says

A patient's initial rehabilitation needs are assessed by a multidisciplinary team as early as possible and within 48 hours of hospital admission for stroke. Individualised, guideline-recommended rehabilitation begins as soon as clinically appropriate during the admission. Rehabilitation needs are continually assessed and documented. Arrangements for ongoing rehabilitation are made before discharge.

What this means for you

If you have had a stroke, you will very likely benefit from rehabilitation to help you manage its impact on your everyday life. Rehabilitation covers many different things, and your needs may be different to another stroke survivor's. For example:

- you may need help re-learning how to eat, drink, walk, communicate or carry out your other usual daily activities
- you may need support to manage the emotional and psychological impact of any changes caused by the stroke
- some people have trouble with memory, self-identity, sexuality, paying attention and problem-solving, which can make day-to-day activities harder.

Your rehabilitation needs will be assessed as early as possible after your stroke (and within the first two days of your arrival to hospital), so that your rehabilitation can start as soon as it is safe to do so. The initial assessment will involve your family or support people and a healthcare team tailored to your specific needs (which may include doctors, nurses, occupational therapists, physiotherapists, speech pathologists, pharmacists, psychologists and social workers). Your healthcare team will share the findings of your assessment with you and your family or support people.

Rehabilitation should be started as soon as your healthcare team deem it safe and be targeted according to your needs.

While you are in hospital, your needs for ongoing rehabilitation will be assessed and documented in your medical record. Your healthcare team will discuss their recommendations with you and your family or support people. Your healthcare team will make arrangements for your ongoing rehabilitation, which may take place in hospital or at home through a home-based service, at a clinic or via telehealth. You will be given the contact details of your stroke support services, care navigator or rehabilitation team in case you have any questions about the arrangements after you leave hospital.

5. Minimising risk of another stroke

What the standard says

While in hospital, a patient undergoes a comprehensive assessment to determine the probable cause of their stroke. This assessment informs their ongoing care, including individualised treatment and education to promote healthy living and reduce their risk of another stroke.

What this means for you

Your healthcare team may recommend follow-up tests to work out the reason for your stroke. Some tests may be done in hospital and some may be done after you are discharged.

People who have had a stroke are at high risk of having another stroke. Your healthcare team will offer you treatment and advice on how to reduce this risk. For example, they might recommend monitoring and managing blood pressure and diabetes. You may be prescribed medicines for high blood pressure, diabetes, high cholesterol, or blood-thinning medicines, which you will need to keep taking after leaving hospital.

Your healthcare team may also recommend changes to your lifestyle to reduce your risk of another stroke. This might mean quitting smoking if you smoke or vape, limiting alcohol consumption, eating healthy foods, maintaining a healthy weight, keeping physically active, and avoiding the use of recreational drugs.

You will be given written information and advice to help you understand what you can do to help prevent another stroke.

6. Practical assistance for families and support people

What the standard says

The family and support people of a patient with stroke are provided with information and practical assistance so that they can safely and confidently support the patient to manage their daily needs.

What this means for you

For patients, families and support people

Family members and support people are often critical in the support and care of a person with stroke, whether they live independently or in an aged care home. Some people will need extra services or support that cannot be provided by family or existing support people.

If there are significant changes to the person's capabilities or level of independence after their stroke, this can take a toll on family and support people.

Your family and support people will be offered information and practical assistance to help support you with your daily needs after discharge, and as your needs change over time. This may include support with the following areas.

Care and daily support

- Personal care techniques
- Safe physical handling and transfers
- Use of aids and assistive devices
- Managing swallowing and dietary needs
- Managing fatigue and day-to-day activities

Communication, thinking, and behaviour

- Communication difficulties, including communication partner training where needed
- Changes in thinking skills, such as memory, attention, and concentration
- Emotional wellbeing and mood changes
- Challenging behaviours, including irritability, impulsivity, or personality changes

Living in the community and care transitions

- Returning to and participating in community life (for both the person with stroke and their support people)
- Transitions of care, including respite and residential aged care options

Support services and practical matters

- Accessing carer respite services
- Carer financial support
- Access to the National Disability Insurance Scheme (NDIS) or My Aged Care
- Health and financial decision-making responsibilities

Information and support may be provided by medical, nursing, allied health staff, or a social worker. You will also receive contact details for support services and other helpful information.

7. Individualised care plan

What the standard says

Before leaving hospital, a patient with stroke and their family or support people are involved in the development of an individualised care plan that describes the ongoing care required. This care plan is given to the patient, their general practice and their ongoing rehabilitation team at the time of discharge.

What this means for you

Before you are ready to leave hospital, your doctors, nurses and other members of your healthcare team will discuss your recovery with you and your family or support people and jointly develop an ongoing care plan with you to guide your care after you leave hospital.

The care plan will set out in writing:

- your ongoing rehabilitation needs, goals and plan
- changes to your medicines (which may include a detailed list of your medicines and information provided by a pharmacist)
- any lifestyle changes you are advised to make
- information and practical assistance to support your daily needs (including when you may go back to driving a vehicle and any equipment, assistive technologies, home modifications, communication support or other additional support you may need)
- follow-up appointments and contact details for the healthcare team that will look after you after discharge, such as your general practice or rehabilitation provider, and any follow-ups at the hospital.

You and your regular general practice will get a copy of this care plan, as will your rehabilitation or aged care provider if you have one. Your care plan will change over time as your condition changes.

8. Follow-up assessment and review

What the standard says

A patient who has had a stroke receives a follow-up assessment and review, with appropriate multidisciplinary team input, within six months of their stroke diagnosis. This is arranged before discharge.

What this means for you

Before you leave the hospital, your healthcare team will arrange a follow-up review for you (and your family or support people if applicable) in the first six months after your stroke. This is an important opportunity to check on your recovery, see how you are managing at home, and update your care plan with you and your family or support people.

During this follow-up review, your healthcare team may talk to you about your:

- health and recovery – including progress towards your rehabilitation goals, your medicines, lifestyle changes, and the results of any tests
- daily life – including returning to driving or work, any equipment you might need, communication or swallowing issues, and assessments of your vision and continence
- wellbeing and support – including your mood, memory and thinking, fatigue management, personal relationships (including sexuality and intimacy), identity and role changes, and any further therapy or community support you may need.

For more information



Scan the QR code or use the link to find out more about the *Stroke Clinical Care Standard*: safetyandquality.gov.au/stroke-ccs

The [Stroke Foundation](https://strokefoundation.org.au) provides resources and support to help stroke survivors and their carers:

- [StrokeLine](https://strokefoundation.org.au) – a free telephone support service providing information and advice on stroke prevention, treatment and recovery, staffed by health professionals. Call 1800 787 653 or email strokeline@strokefoundation.org.au
- [My Stroke Journey](https://strokefoundation.org.au) – an information pack to give to stroke survivors and their carers before hospital discharge
- [Aphasia Handbook](https://strokefoundation.org.au) – an information guide for people with aphasia and their families, carers and friends, which should accompany the resource ‘My Stroke Journey’ for all patients who have aphasia
- [EnableMe](https://strokefoundation.org.au) – a free web-based resource providing information, a community forum and a tool to track personal goals for recovery
- [Young Stroke](https://strokefoundation.org.au) – an initiative aimed at delivering information and resources for younger survivors of stroke aged 18 to 65 years old, their partners, families, friends and carers
- [i-REBOUND After Stroke](https://strokefoundation.org.au) – a patient-centred education resource

For more information, see: www.strokefoundation.org.au/what-we-do/for-survivors-and-carers



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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.