Implementing telemedicine to support specialist decision making in stroke care during the COVID-19 pandemic

Appendix 2: Suggested data capture sheet – telemedicine thrombolysis for acute ischaemic stroke

Patient name:

Patient identifier or DOB:

Telestroke consultant:

Referring hospital:

Name of referrer:

Date of call:

Time of call (24-hour clock):

Time of onset/last well:

History:

Past medical history:

Current medication:

Examination: NIHSS:

BP:

BM:

Date of CT scan:

Time of scan (24-hour clock):

CT interpretation

Diagnosis:

Contraindications:

Recent intracranial bleeding:

Other relevant factors taken account of (delete if not present):

Known low platelets

Prior ICH

Ischaemic stroke within 3 months

Recent surgery

Recent major trauma

Recent bleeding at non compressible site

Pregnant /recent delivery

Suspected subarachnoid haemorrhage (SAH)

Seizure at onset

SBP >185 DBP >110

Time of recommendation (24-hour clock):

Treatment recommendation (delete a or b, and edit if appropriate)

a. Thrombolysis recommended
- Discuss risks and benefits of treatment, including risk of fatal intracranial haemorrhage. In this case, potential benefits outweigh risks
- Dose 0.9 mg/kg alteplase, 10% as bolus rest over one hour (max dose 90 mg)
- Avoid antiplatelets and anticoagulants for 24 hours then review after repeat imaging
- Integrated stroke unit (ISU), HASU – if not available discuss HDU vs AMU
- CT scan at approximately 24 hours
- Swallow assessment within 4 hours
- Assess need for intermittent pneumatic compression (IPC)

b. Thrombolysis NOT recommended because: ____
- Swallow assessment within 4 hours
- Aspirin 300 mg stat if no contraindication, then 300 mg daily (oral/NG/rectal)
- Stroke unit care asap
- Assess need for IPC