

Management a

- Contact Physio
- Commence Statin (Simvastatin 40mg) in all patients irrespective of serum cholesterol.....
provided there are no contraindications
- Paracetamol 1g four hourly rectally or orally should be administered routinely to prevent pyrexia.....
- Do not initiate new antihypertensive treatment during first 5 days as cerebral auto-regulation is impaired, but existing drugs can be continued if patient is able to swallow (See separate BP protocol)
- By Day 5, patients unable to take adequate nutrition orally should be considered for nasogastric feeding
- After Day 5, (or after return from CT scan) drug therapy should include an ACE inhibitor if tolerated (Ramipril) titrated to full dose (10mg)
- Add Bendroflumethiazide or Indapamide 2.5mg daily after establishing ACE inhibitor
- Commence or continue Aspirin 75mg daily in patients with cerebral infarction.
- Add Dipyridamole MR 200mg twice daily in patients already on Aspirin.
- Substitute Clopidrogel 75mg daily for Aspirin only where there is true Aspirin allergy

Patients in Atrial Fibrillation
(See AF Protocol) a

- In patients in AF, with confirmed cerebral infarction Warfarin should be started 2 weeks after the acute event
(but not before)
- Measure thyroid function to exclude hyperthyroidism
- In patients on Warfarin at presentation the drug should be discontinued pending urgent CT brain scan

DVT Prophylaxis a

- Immobile patients should be managed with elastic support stockings for DVT prophylaxis
(evidence for benefit of low dose heparin in this context lacking - International Stroke Trial)

Further Investigation

- In patients who have made good recovery from an anterior circulation stroke arrange for carotid Doppler ultrasound
This test is only indicated in patients in whom endarterectomy would be considered if significant > 70% stenosis were demonstrated (see below)

Transient Ischaemic Attacks
(See TIA Protocol)

- Patients whose symptoms have resolved completely within 24 hours (often much more quickly) are likely to have sustained a TIA.
- CT brain scanning is not mandatory, but desirable to exclude other diagnoses and may confirm ischaemia
- Carotid Doppler ultrasound following definite anterior circulation clinical event