STROKE MANAGEMENT PROTOCOL, V2.0 (10 May 2023)

DIAGNOSIS

Identify key features
- Facial deviation
- Weakness of limbs
- Slurring of speech
- Blurred vision, double vision, dizziness, difficulty walking, loss of consciousness

At **PRIMARY LEVEL CARE CENTRE, SUSPECT STROKE**
Note the time of onset
Call the nearest centre with CT facility

Risk factors
- Smoking
- Alcohol
- Hypertension
- Diabetes
- Heart disease

MANAGEMENT AND FOLLOW UP

IMMEDIATE MANAGEMENT
- Check GCS (Glasgow Coma Scale), size of pupils
- Head elevation 30 degrees
- Establish IV access and start 0.9% normal saline
- Measure SpO_2 → Give O_2 if SpO_2 ≤94%
- Check RBS → If <50 mg/dL, give IV dextrose 25%
- Check BP → give anti-hypertensive only if BP >220/110 mmHg
- Keep NPO or insert nasogastric tube if possible

Duration <4.5 hours
URGENT referral to the nearest centre with CT facility

Duration ≥4.5 hours
Refer to the nearest centre with CT facility as early as possible

TERTIARY LEVEL CARE CENTRE
- Follow Acute Stroke Protocol
- Rehabilitation and individualize treatment

PRIMARY LEVEL CARE CENTRE
- Assess functional status → Rehabilitation
- Ensure timely refill of anti-hypertensive, anti-diabetic medicines, aspirin, atorvastatin and other medicines as prescribed

REINFORCE AT EVERY VISIT
- Lifestyle changes
  - Smoking cessation (BI)
  - Control blood glucose and lipids
  - Maintain normal BMI
- Diet
  - Eat healthy
  - Stop alcohol consumption (BI)
  - Reduce salt including pickles, dry fish, processed food
- Physical activity
  - Moderate activity 5 days a week, at least 30 min per session
- Compliance to medications

BI = brief intervention; BMI = body mass index; BP = blood pressure; CT = computed tomography; GCS = Glasgow Coma Scale; IV = intravenous; SpO2 = oxygen saturation

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