

**LRI Emergency Department**

**Suspected stroke or TIA, or proven ICH**

Use in adults deemed BEFAST+ by ambulance crews or with NEW:

- Unilateral limb weakness
- Unilateral facial weakness after excluding Bell's palsy
- Speech disturbance
- Visual loss or field defect
- Unilateral hearing loss
- Loss of balance with direction-changing nystagmus and/or finger-nose/heel-shin ataxia
- Inability to swallow
- Intraparenchymal bleed on CT

Disclaimer: This is a clinical template; clinicians should always use judgment when managing individual patients

Re-approved by EDGC (chair) on 14Dec23  
Review due Dec26 · Trust Ref: C178/2016

**Patient details**

Full name

DoB

Unit number

(use sticker if available)

**① Is ROSIER score positive?**

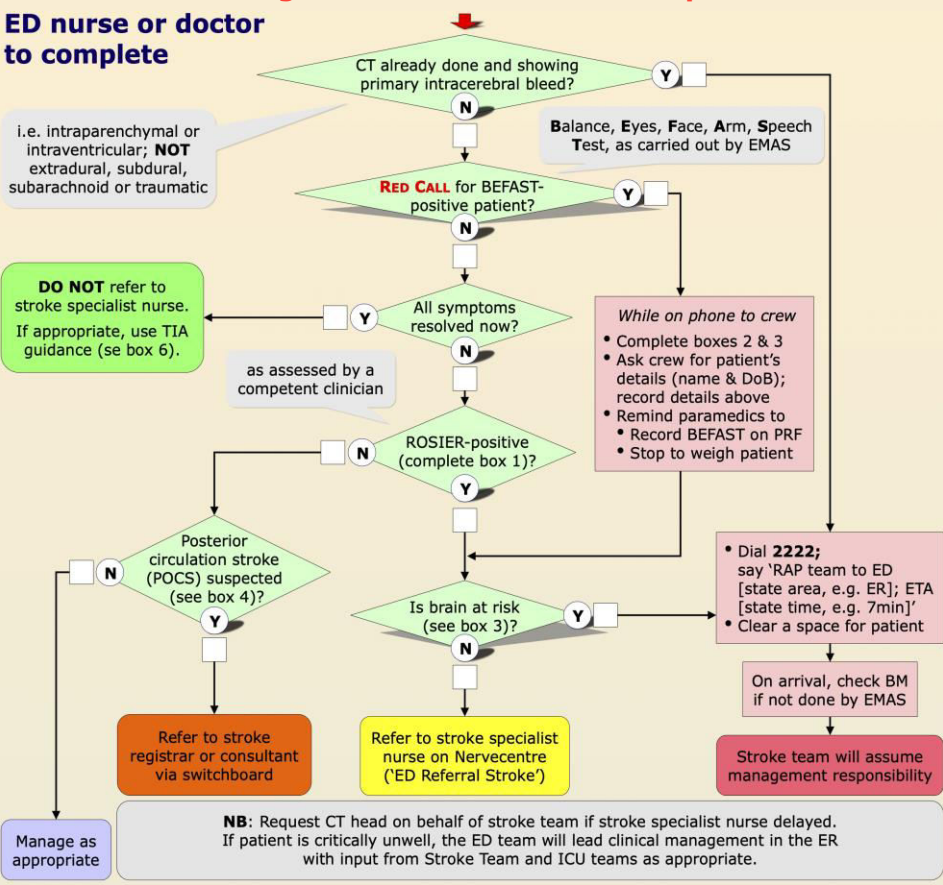
Tick any applicable criteria below and record total score at the bottom

- HAS THERE BEEN**
- Loss of consciousness or syncope  -1
  - Seizure activity  -1
- ON EXAMINATION, IS THERE ANY NEW**
- Asymmetric facial weakness  1
  - Asymmetric arm weakness  1
  - Asymmetric leg weakness  1
  - Speech disturbance  1
  - Visual field defect  1

**Yes** – as 'ROSIER score' > 0  
 **No** – as 'ROSIER score' < 1

**NB: If stroke specialist advice required please contact stroke consultant or registrar rather than stroke specialist nurse**

**ED nurse or doctor to complete**



**② Duration of symptoms**

Date and time last seen well \*

\* equal to 'date and time of onset' if patient able to communicate this or if onset was witnessed

Present date and time

Duration of symptoms (calculated from the times above)

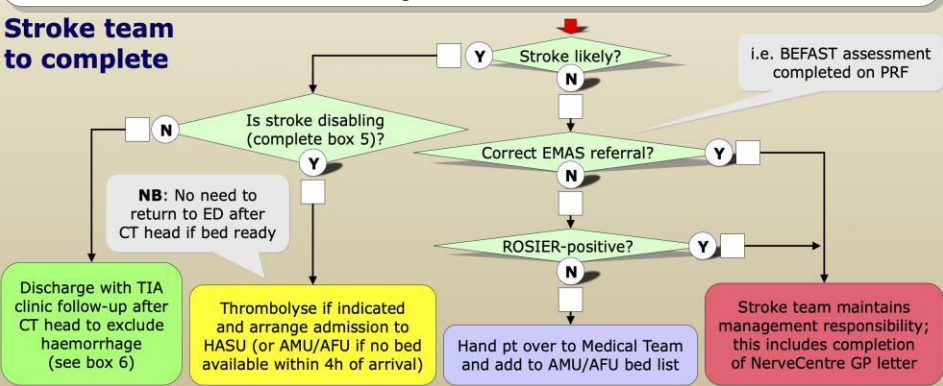
**③ Brain at risk?**

- Yes**, as at least one of the below
- Neurological deficit onset within previous 10h (see box 2)
  - On anticoagulant medication (Warfarin, LMWH or a DOAC)
  - Known bleeding diathesis
- No**, as none of the above

**④ POCS suspected?**

- YES**, as at least one of the below
- Direction-changing nystagmus
  - Finger-nose / heel-shin ataxia
  - New unilateral hearing loss
  - Acute inability to swallow
- No**, as none of the above

**Stroke team to complete**



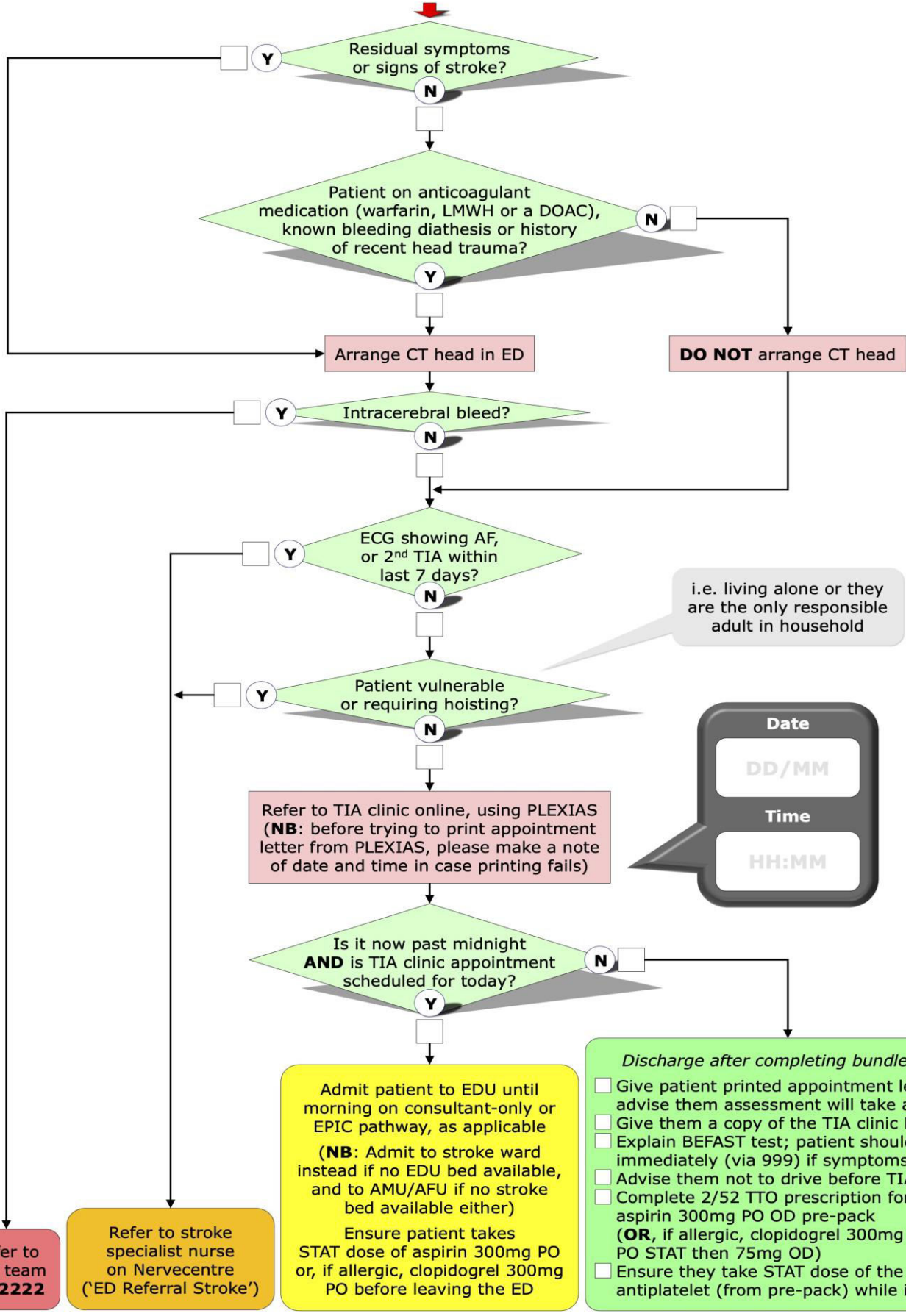
**⑤ Is stroke disabling?**

- Yes**, as at least one of the below
- NIHSS ≥4
  - Speech affected
  - Swallow abnormal
  - Visual fields affected
  - Walking abnormal
  - Person cannot self-care
- NO**, as none of the above

Assessed by

Print name      Signature      Position      Date & Time

# 6 ED management of suspected TIA and non-disabling stroke



Patient managed by

Print name \_\_\_\_\_ Signature \_\_\_\_\_ Role \_\_\_\_\_