

Stroke occurs when the blood supply to your brain is suddenly interrupted, by either a blood clot (ischaemic stroke) or a burst blood vessel (haemorrhagic stroke). This may result in part of the brain dying, leading to disability or death.

Common signs of stroke include a drooped mouth, arm weakness and difficulty with speaking. Urgent treatment is important. If you or someone else has any signs of stroke, call 000 now.

This Clinical Care Standard tells you what care may be offered if you have signs of stroke. You and your carer can use it to make informed treatment decisions in partnership with your doctor.

UNDER THIS CLINICAL CARE STANDARD



A person with suspected stroke is immediately assessed at first contact using a validated stroke screening tool, such as the F.A.S.T. (Face, Arm, Speech and Time) test.

What this means for you

If you or someone else is experiencing any of the signs below, call 000 for an ambulance immediately because you or someone else may be having a stroke.

- FACE:** Check their face.
Has their mouth drooped?
- ARMS:** Can they lift both arms?
- SPEECH:** Is their speech slurred?
Do they understand you?
- TIME:** Is critical. If you see any of these signs call 000 straight away.



A patient with ischaemic stroke for whom reperfusion treatment is clinically appropriate, and after brain imaging excludes haemorrhage, is offered a reperfusion treatment in accordance with the settings and time frames recommended in the *Clinical guidelines for stroke management*.

What this means for you

If you have a stroke due to a blood clot blocking a blood vessel and if an urgent treatment to restore blood flow may benefit you, your clinician gives you information about it and the opportunity to consider it. Treatments that restore blood flow (e.g. a blood clot-dissolving medicine) are not suitable for everyone with this type of stroke. Only about a third of patients may benefit and can be offered the clot-dissolving medicine. If the treatment is suitable for you, you are offered it as soon as possible.



A patient with stroke is offered treatment in a stroke unit as defined in the *Acute stroke services framework*.

What this means for you

Being treated in a stroke unit by a specialised team of health professionals increases your chance of a good recovery. A specialised team may include doctors, nurses, a physiotherapist, a speech pathologist, an occupational therapist, a dietitian, a social worker, and a pharmacist. You have the opportunity to discuss with your clinician your wishes regarding transfer to a place where this care can be provided.



A patient's rehabilitation needs and goals are assessed by staff trained in rehabilitation within 24–48 hours of admission to the stroke unit. Rehabilitation is started as soon as possible, depending on the patient's clinical condition and their preferences.

What this means for you

If you have a stroke, your rehabilitation needs and goals are assessed within 24–48 hours of your arrival at the hospital. Rehabilitation activities, if beneficial for you, start as soon as you are able to participate.



A patient with stroke, while in hospital, starts treatment and education to reduce their risk of another stroke.

What this means for you

You are assessed and provided with medicines, written information, and advice on lifestyle changes that may reduce your risk of another stroke. Reducing your risk of another stroke is dependent on making changes to your lifestyle (e.g. stopping smoking, having a balanced diet, increasing physical activity where appropriate) and following medical treatment as recommended.



A carer of a patient with stroke is given practical training and support to enable them to provide care, support and assistance to a person with stroke.

What this means for you

If you are the carer of a patient with stroke, you are offered education on stroke, practical training on how to provide care, as well as contact details of support services before the patient with stroke leaves hospital.



Before a patient with stroke leaves the hospital, they are involved in the development of an individualised care plan that describes the ongoing care that the patient will require after they leave hospital. The plan includes rehabilitation goals, lifestyle modifications and medicines needed to manage risk factors, any equipment they need, follow-up appointments, and contact details for ongoing support services available in the community. This plan is provided to the patient before they leave hospital, and to their general practitioner or ongoing clinical provider within 48 hours of discharge.

What this means for you

Before you leave hospital, your doctors, nurses and therapists discuss your recovery with you. They help develop a plan with you that may change as your condition changes. You and your general practitioner get a copy of this plan, which sets out: your goals, the changes you may need to make to your lifestyle, the medicines you may need to take, the equipment you may need, follow-up appointments, and the rehabilitation services, prevention services, and other community support services you are referred to.

More information on the Clinical Care Standards program is available from the Australian Commission on Safety and Quality in Health Care website at www.safetyandquality.gov.au/ccs.