

STROKE REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - NEUROLOGY • 92 CAMPUS DRIVE, SUITE B, SCARBOROUGH, ME • (207) 883-1414

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND EXAM

Sudden onset of neurological dysfunction with persistent weakness or numbness on half of the face/body, difficulty speaking or understanding speech, partial loss of vision or double vision, dizziness, imbalance, difficulty walking.

The patient is likely to have abnormal neurological exam findings; signs and symptoms that improved > 24 hours from onset are more likely to be associated with stroke on imaging

SUGGESTED PREVISIT WORKUP

PATIENTS WITH ACUTE ONSET OF STROKE SYMPTOMS SHOULD BE DIRECTED TO CALL 911 AND SHOULD BE EVALUATED IN THE ED.

Imaging: MRI brain, CT head if unable to do MRI; CTA or MRA head and neck preferred, carotid ultrasound only if unable to do either CTA/MRA

Cardiac Evaluation as indicated: TTE with bubble study and EKG; Troponin and Telemetry while hospitalized

Labs: Fasting lipid panel, fasting blood glucose or HbA1c, CBC, CMP, and consider PT/INR, aPTT, and urinalysis in appropriate cases

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND EXAM

Symptoms as outlined in the “high risk” column; the patient has already had a complete stroke work up and appropriate secondary stroke prevention measures are in place. Include a clinical exam noting any significant or new neurologic deficits.

Referral indication may include the need for an opinion regarding stroke etiology, or for recurrent strokes.

SUGGESTED PREVISIT WORKUP

Results for Imaging, Cardiac Evaluation, and Labs from the “high risk” column should be provided, or promptly ordered if necessary, by the referring provider

Continue secondary stroke prevention measures.

Neurologist can help determine if there is a need for more specialized testing, such as TEE, prolonged cardiac monitoring, or evaluation for blood coagulation disorders.

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND EXAM

Remote history of stroke without new neurologic symptoms or exam findings; question of stroke etiology or long term management.

If symptoms are related to ongoing neurologic deficit, spasticity, or pain then a Psychiatry / Physical Medicine & Rehabilitation consult should be considered.

SUGGESTED MANAGEMENT

Ensure appropriate secondary stroke prevention measures are in place.

If questioning need for neurologic evaluation, please call to speak with one of our neurologists.

CLINICAL PEARLS

- Actual reports of diagnostic testing (imaging, cardiac evaluation, labs) are strongly preferred over second hand reports of results.
- Please make sure actual images are available for review on IMPAX or disc prior to the patient’s appointment. If needed, get guidance from where the images were done.
- If images cannot be sent to MaineHealth IMPAX Server, then consider sending CD’s of all neuroimaging, including MRI, MRA, CT, CTA, and carotid ultrasounds, before the appointment so we can have imaging transferred to the server. CD’s brought to the office sometimes cannot be opened on the doctors’ desktop computers.

Maine Medical
PARTNERS

Reviewed by Christopher Cummings, MD