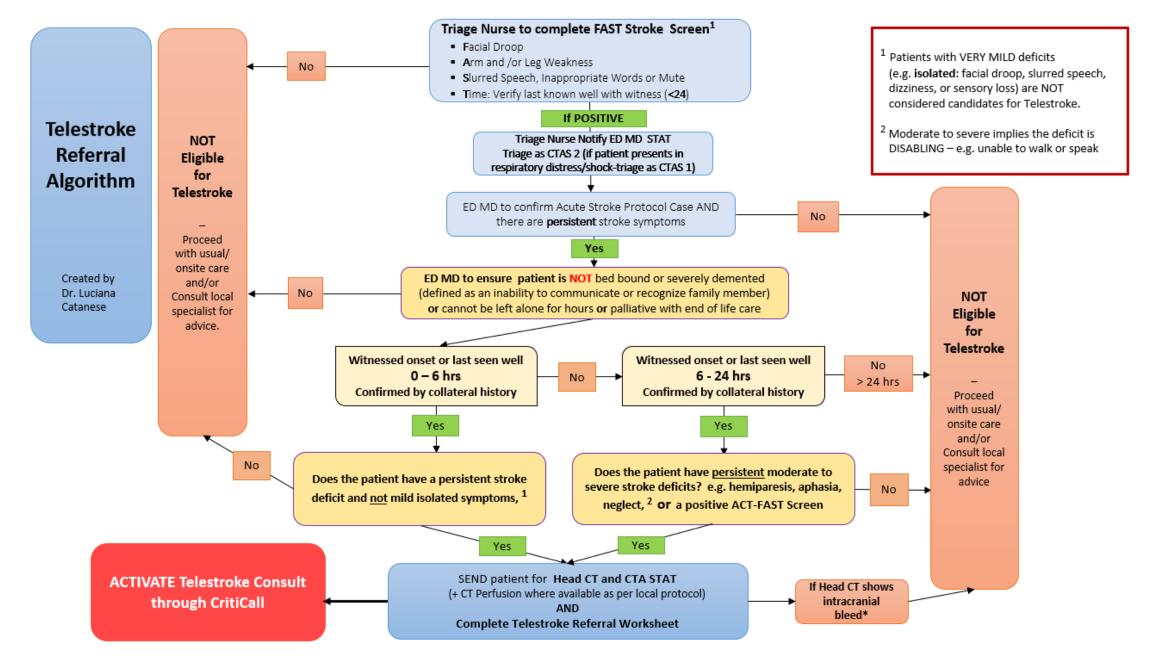
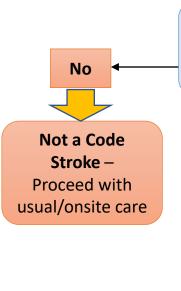
Telestroke: Patient Selection

- The Telestroke Referral Algorithm can be used as a reference
 - ✓ Look at the exclusions: > 24 hours, severe pre-stroke comorbidities, mild isolated deficits (see note 1), and non-disabling deficits (see note 2)
 - √ The ACT-FAST is optional; however, it is helpful in determining which patients have severe neurological deficits and are most likely to have a large vessel occlusion (LVO) on their CTA both required to be eligible for EVT
- Fill out the Telestroke Referral Worksheet **before** calling CritiCall
- If in doubt, call for a Telestroke Consultation



^{*}Note: Do not wait for local radiology to review images prior to calling Telestroke. If your patient meets the selection criteria, please call CritiCall as soon as the patient is on the way to the CT scanner. For patients in the 6 – 24 hours window, If there is a delay in obtaining a CTA, DO NOT call CritiCall until the CTA is in progress.



ED MD to ensure patient is:

- Within 6 and 24 hours from last seen well
- Not dependent at baseline (wheelchair/bed bound or severe dementia/palliative)



ED MD to Complete ACT- FAST Stroke Screen (2 STEPS)

"ARM" (one-sided arm weakness)

Position both arms at 45 degrees from the horizontal with elbows straight

POSITIVE TEST

One arm falls completely within 10 seconds of being held up.

For patients that are uncooperative or cannot follow commands:

Witness minimal or no movements in one arm & normal movement in the other arm





FAST
STROKE
SCREEN



If **RIGHT** ARM is weak

"CHAT" (severe language deficit)

Ask the patient to repeat "You can't teach an old dog new tricks" OR perform simple tasks ("make a fist", "open and close your eyes")

POSITIVE TEST

Mute, Speaking incomprehensibly, unable to follow simple commands

If **LEFT** ARM is weak

"TAP" (gaze and shoulder tap test)

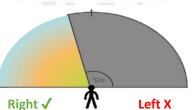
Stand on patient's LEFT side & call name
POSITIVE TEST — Consistent gaze to the RIGHT
OR

Tap LEFT shoulder & call name

POSITIVE TEST - does not quickly turn head and
eyes to you/ the left (neglects left side)







Proceed ONLY if Positive

- ORDER Head CT and CTA (+CT Perfusion where available)
 - AND
 - Activate Telestroke ASAP



REQUIRED PATIENT INFORMATION for Telestroke Consultation

Age / Sex	Times: ED arrival/ Last S	Seen Well:/
History of Bleeding □	Recent surgery / trauma, biopsy 🛘	Prior Stroke □ History of AF □
Medications:		Antiplatelet Agent □ Warfarin □ NOAC □
EXAMINATION	BP/ HR	AF on ECG □
Deficits and severity: describe visual, speech, motor deficits (completed NIHSS not required)		NIHSS (if known)
Referring physician's OHIP Billing Number:		