

Urgent Stroke Care

Time is brain. Every minute in a stroke, 1.9 million neurons die.

Is It A Stroke?



F - FACE Drooping.
Ask to smile.
Does one side droop?



A - ARM Weakness.
Ask to raise both arms.
Does one drift down?



S - SPEECH Difficulty.
Is speech slurred?
Can they repeat a simple sentence?



T - TIME to Act!
Note start time.

First Steps



- Provide an IV line with 0.9% normal saline
- Treat blood pressure if >220/120 mmHg
- Provide oxygen if oxygen saturation is <94%
- Clear patient's airways to allow breathing



- No oral food, fluids, or medication until the patient can swallow
- Elevate patient head 30° to reduce cranial pressure
- Avoid glucose fluids, unless treating hypoglycemia



Record:

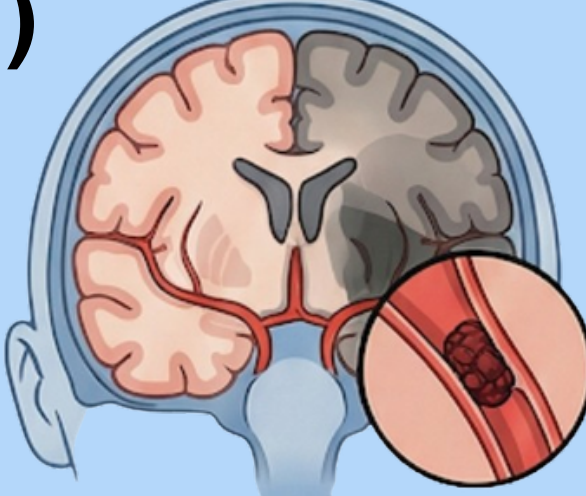
- Time of onset
- Consciousness
- Blood pressure
- Patient medications
- Oxygen saturation
- Blood glucose
- Temperature

Distinguish stroke subtypes with a CT Scan if possible.
If imaging is not available, use the fomula below.

Stroke Subtypes

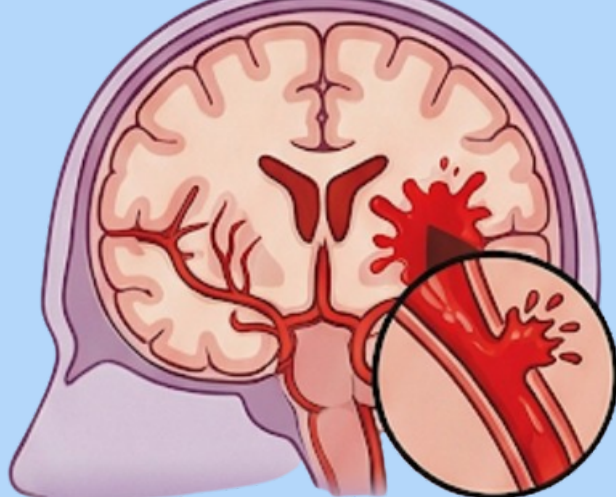
Ischemic Stroke (Infarction)

- Blood clot
- Thrombolytics in 4 hrs
- Oxygen, water, & glucose control
- Consider aspirin or antiplatelets



Hemorrhagic Stroke

- Bleeding in/near brain
- No aspirin/anticoagulants
- Control BP & head pressure
- Avoid overhydration
- Refer for surgery if possible



Type of Stroke?

+ (7 × **Consciousness**)
+ (7 × **Vomiting**)
– (5 × **Diabetes mellitus**)
– (4 × **Hemiparesis**)
+ (2 × **Hypertension**)

Infarction <0 ≥0 Hemorrhage

Consciousness: Alert=x0, Drowsy=x1, Comatose=x2
Vomiting, diabetes, hemiparesis, hypertension: Absent=x0, Present=x1

This tool is for educational guidance in resource-limited settings and does not replace neuroimaging when available.
Always adhere to local protocols and guidelines.