

**ISCHAEMIC STROKE  
MANAGEMENT**

Q230 - JOHN HUNTER HOSPITAL  
MRN \_\_\_\_\_ Surname \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_  
DOB \_\_\_\_\_ Sex \_\_\_\_\_

**T** Presentation Date  /  /  **T** Presentation Time  :

|  |   |
|--|---|
| <b>ANTITHROMBOTIC THERAPIES</b> <b>T</b> | <i>If No prior antiplatelet therapy</i><br><input type="checkbox"/> <b>YES</b> Aspirin 300mg stat <input type="checkbox"/>  |
| <b>ANTIPLATELET THERAPIES</b> <b>T</b>   | <i>If Ischaemic stroke on aspirin</i><br><input type="checkbox"/> <b>YES</b> Continue aspirin and consider addition of dipyridamole SR or conversion to clopidogrel (in discussion with stroke team) <input type="checkbox"/><br><i>If History of aspirin intolerance</i><br><input type="checkbox"/> <b>YES</b> Clopidogrel or dipyridamole SR <input type="checkbox"/><br><i>If Clinical suspension of active peptic ulcer disease</i><br><input type="checkbox"/> <b>YES</b> Commence clopidogrel <input type="checkbox"/><br><i>If Ischaemic stroke on combination antiplatelet therapy</i><br><input type="checkbox"/> <b>YES</b> Discuss management options with stroke team <input type="checkbox"/> |
| <b>ANTICOAGULANT THERAPY</b>             | <i>If Ischaemic stroke on warfarin - mild - moderate</i><br><input type="checkbox"/> <b>YES</b> Continue warfarin <input type="checkbox"/><br><i>If Ischaemic stroke on warfarin - severe deficit (SSS &lt;10 and /or TACS)</i><br><input type="checkbox"/> <b>YES</b> Withhold warfarin <input type="checkbox"/><br>Consider anticoagulation with heparin in consultation with stroke team if: <ul style="list-style-type: none"> <li>• AF and minor stroke deficit</li> <li>• suspected evolving progressive basilar artery occlusion</li> <li>• suspected extracranial carotid or vertebral artery dissection</li> </ul> <i>Heparin used</i><br><input type="checkbox"/> <b>YES</b>                      |
| <b>BLOOD PRESSURE MANAGEMENT</b>         | <i>Prior antihypertensive drug therapy</i><br><input type="checkbox"/> <b>YES</b> Continue usual therapy unless BP < 120 systolic <input type="checkbox"/><br><i>No prior antihypertensive drug therapy</i><br><input type="checkbox"/> <b>YES</b><br><b>AVOID blood pressure lowering in the initial 24 hours from stroke onset unless</b> <ol style="list-style-type: none"> <li>1. Discussed with stroke team and -</li> <li>2. Features of hypertensive encephalopathy or possibly in setting of AMI, ARF, acute CCF</li> <li>3. BP &gt; 230 systolic and/or 140 diastolic and blood pressure lowering considered appropriate by stroke team</li> </ol>   |

**Management Plan**

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**Medical Officer Signature:** \_\_\_\_\_  
 (Please Print)  
**Designation:** \_\_\_\_\_  
**Name:** \_\_\_\_\_