

Protocol for Acute Treatment of Ischaemic Stroke (Day 1-14 post-ischaemic stroke)

Post-TIA please refer to the 'Protocol for Secondary Prevention Post-TIA or Ischaemic Stroke'

ANTIPLATELETS:

Aspirin 300mg once daily started within 48hours of the event for 14 days

Prescribing Information :

- Only for use in confirmed non-haemorrhagic stroke.
- Avoid aspirin for 24 hours post-thrombolysis.
- For patients with dysphagia, aspirin 300mg once daily should be administered rectally as a suppository, or as the dispersible tablet via an enteral tube if this route is available.
- In documented aspirin intolerance or allergy prescribe clopidogrel 300mg stat dose then 75mg daily thereafter.
- For patients at risk of gastro-intestinal complications (known peptic ulcer or dyspepsia) co-prescribe a proton pump inhibitor.
- NSAIDs should be discontinued as they antagonise the antiplatelet effect of aspirin.

ANTIHYPERTENSIVES:

Withhold prescribing of NEW antihypertensives for 14 days post-ischaemic stroke

Prescribing Information :

- Regular antihypertensive medication should be continued as before in the post-stroke period if the blood pressure is permissible (refer to the table below).

Blood Pressure	Action
Consistently <120/80mmHg	Withhold any regular antihypertensive medication.
Consistently \geq 120/80mmHg but <220 Systolic BP OR <130 Mean Arterial Pressure	Continue regular antihypertensive medication if no other acute contra-indications.
Consistently \geq 220 Systolic BP OR <130 Mean Arterial Pressure	Continue regular antihypertensive medication if no other acute contra-indications. Seek specialist advice from a physician experienced in stroke.

ANTICOAGULANTS:

Withhold for 2 weeks post-ischaemic stroke to decrease the risk of haemorrhagic transformation

Prescribing Information :

- For patients presenting with stroke in AF while on warfarin, withhold the warfarin and prescribe aspirin 300mg daily for 2 weeks before recommencing warfarin.
- After 2 weeks refer to the 'Protocol for Secondary Prevention Post-TIA or Ischaemic Stroke'.

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STATINS:**HIGH RISK PATIENTS:****Atorvastatin 80mg daily****MODERATE/LOW RISK PATIENTS:****Simvastatin 40mg at night****Prescribing Information :**

- Prior to prescribing a statin, check non-fasting Total Cholesterol (TC), High-density Lipoprotein (HDL) and Triglyceride (TG) levels, as well as Liver Function Tests (LFTs) and Thyroid Function Tests (TFTs).
- Recheck TC, HDL, TG and LFTs at 12 weeks and titrate to reach minimum target of TC<5 and LDL<3.
- Note: Patients post-haemorrhagic stroke should not normally be prescribed a statin unless the risks of further vascular events outweigh the risk of further haemorrhage.

Defining High Risk Patients :

- A risk stratification strategy will be employed to ensure those with the best prognosis, who are at highest risk of recurrent events, are prescribed atorvastatin 80mg daily.
- Post-ischaemic stroke patients with a Modified Rankin Score (page 2) of ≤ 3 should be considered for atorvastatin 80mg.
- All patients with carotid artery stenosis $\geq 70\%$ should be prescribed atorvastatin 80mg daily.
- Patients with three or more of the following risk factors would be considered at significantly High Risk of further cerebrovascular events and should be prescribed atorvastatin 80mg daily.

IHD/angina	<input type="checkbox"/>	Previous MI	<input type="checkbox"/>	Previous Stroke	<input type="checkbox"/>
Previous TIA	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Hyperlipidaemia	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	PVD	<input type="checkbox"/>	TOTAL Score	_____/8

- All other patients should be prescribed simvastatin 40mg at night to reduce the risk of other major vascular events.

MODIFIED RANKIN SCORE : The Modified Rankin Score is a stroke outcome scale for disability post-stroke (Interpret with caution for causes of disability other than stroke).

Score	Symptoms	Description
0	No symptoms	No symptoms at all
1	No significant disabling symptoms	No significant disability despite symptoms; able to carry out all usual duties and activities.
2	Slight disability	Unable to carry out all previous activities but able to look after their own affairs without assistance.
3	Moderate difficulty	Requiring some help but able to walk without assistance.
4	Moderate/severe disability	Unable to walk without assistance and unable to attend to own bodily needs without assistance.
5	Severe disability	Bedridden, incontinent and requiring constant nursing care and attention
6	Dead	Dead

Further Prescribing Information :

- It is expected that contra-indications and interactions as per the BNF will be assessed for patients on an individual basis prior to prescribing any medication.
- Please refer to the Highland Formulary, www.sign.ac.uk, www.nice.org.uk and www.rcplondon.ac.uk for further information.

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Page 1 of 2