

# 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

# Telestroke Referral Algorithm

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## NOT Eligible for Telestroke

– Proceed with usual/onsite care and/or Consult local specialist for advice.

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**Triage Nurse to complete FAST Stroke Screen<sup>1</sup>**

- Facial Droop
- Arm and /or Leg Weakness
- Slurred Speech, Inappropriate Words or Mute
- Time: Verify last known well with witness (<24)

**If POSITIVE**

Triage Nurse Notify ED MD STAT  
Triage as CTAS 1

ED MD to confirm Acute Stroke Protocol Case AND there are **persistent** stroke symptoms

**Yes**

ED MD to ensure **patient is NOT** bed bound or severely demented (defined as an inability to communicate or recognize family member) **or** cannot be left alone for hours **or** palliative with end of life care

No

Witnessed onset or last seen well  
**0 – 6 hrs**  
Confirmed by collateral history

**Yes**

Witnessed onset or last seen well  
**6 - 24 hrs**  
Confirmed by collateral history

**Yes**

No  
> 24 hrs

Does the patient have a persistent stroke deficit and not mild isolated symptoms,<sup>1</sup>

**Yes**

Does the patient have persistent moderate to severe stroke deficits? e.g. hemiparesis, aphasia, neglect,<sup>2</sup> **OR** a positive ACT-FAST Screen

**Yes**

No

**ACTIVATE Telestroke Consult through CritiCall**

SEND patient for **Head CT and CTA STAT**  
(+ CT Perfusion where available as per local protocol)  
**AND**  
Complete Telestroke Referral Worksheet

If Head CT shows intracranial bleed

<sup>1</sup> Patients with VERY MILD deficits (e.g. **isolated**: facial droop, slurred speech, dizziness, or sensory loss) are NOT considered candidates for Telestroke.

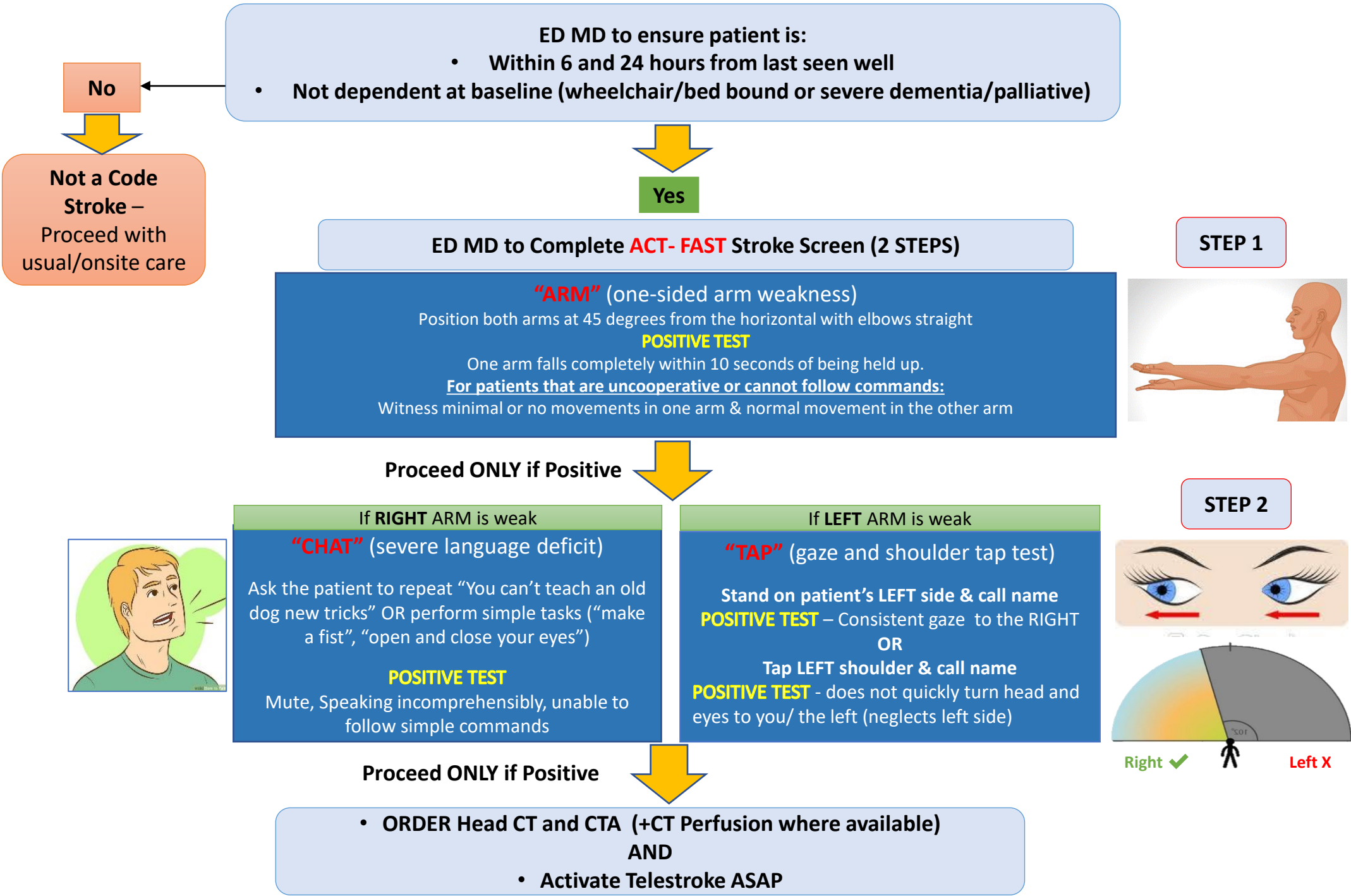
<sup>2</sup> Moderate to severe implies the deficit is **DISABLING** – e.g. unable to walk or speak

No

No

No

**ACT-FAST  
STROKE  
SCREEN**



# REQUIRED PATIENT INFORMATION for Telestroke Consultation

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