
Responding to Acute Stroke Symptoms on the Psychiatric Unit

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Introduction: Identifying a potential acute stroke in the psychiatric unit is crucial because immediate treatment can usually prevent permanent neurologic damage. As a psychiatric clinician, you won't have primary responsibility for stroke assessment and management but you should understand current standards in stroke care so that you can coordinate treatment when such an emergency occurs.

Strokes Symptoms

- Sudden onset of neurological deficits, such as weakness or numbness of the face, arm, or leg, especially on one side of the body.
- Confusion, trouble speaking, or difficulty understanding speech.
- Visual disturbances in one or both eyes.
- Trouble walking, dizziness, loss of balance, or lack of coordination.
- Severe headache with no known cause.

Diagnostic Approach

- Call medical staff urgently if you suspect a stroke. Hospitals usually have specific protocols for stroke diagnosis and management (often called "Code Stroke"), and this should be implemented by trained staff in order to prevent further neurologic damage.
- Here is the typical diagnostic sequence that medical consultants will use; if no consultant is available promptly, you should initiate the exam.
 - Immediate Assessment: The **BE-FAST** test as a quick screening tool. Any positive sign warrants urgent further evaluation.
 - **B** for Balance: Check for loss of balance or dizziness.
 - **E** for eyes: Ask about any sudden vision problems, like blurred vision or loss of vision in one or both eyes.
 - **F** for Face: Ask the patient to smile to see if one side of the face droops.
 - **A** for Arms: Have the patient raise both arms. Observe if one arm drifts downward or cannot be raised.
 - **S** for Speech: Ask the person to repeat a simple sentence, like "The sky is blue." Check for slurred or unusual speech.
 - **T** for Time: If you observe any of these signs, activate the hospital's rapid response team. Time is critical in stroke treatment.
 - Expedited Neurological Examination: Conduct a brief but comprehensive neurological exam to evaluate the extent of the stroke and pinpoint neurologic deficits.
 - Urgent Imaging: Obtain a CT scan as soon as possible. CT scans are effective at distinguishing between hemorrhagic and ischemic strokes and guiding initial treatment.
 - Laboratory Tests: Order stat labs, including a complete blood count, coagulation profile (PT/aPTT, INR), and a basic metabolic panel. These tests help rule out other conditions that might mimic stroke symptoms, such as metabolic disturbances.

Management Strategies

- Acute Care: Your patient should be immediately transferred to a stroke or intensive care unit. In preparation for transfer:
 - Monitor Vital Signs: blood pressure, heart rate, respiratory rate, and O2 saturation.

- Restrict Oral Intake: avoid administering anything by mouth, including medications, to reduce the risk of aspiration, since stroke patients may have swallowing difficulties.
- Post-transfer management will depend on the type of stroke:
 - Ischemic Stroke: Involves reperfusion therapy to dissolve the clot obstructing blood flow to the brain, ideally administered within 4.5 hours from the onset of symptoms.
 - Hemorrhagic Stroke: focuses on stabilizing vital signs, controlling high blood pressure to minimize the risk of further bleeding, and, in some cases, surgical interventions to alleviate pressure caused by bleeding in the brain.