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| Name |
| Hosp No |

Stroke Unit Secondary Prevention

Anti-platelet – yes / no
If no reason

Anticoagulation for cardioembolic stroke – yes / no
If no reason

Aspirin and dipyridamole should be the standard secondary prevention treatment following ischaemic stroke. Anticoagulation should be used for patients with AF or at high risk of cardioembolic strokes

Antihypertensives – yes / no
If no reason

- An optimal target BP for patients with established cardiovascular disease is 130/80 mmHg (though if tolerated all stroke patients should be started on an ACE I)
- for patients known to have bilateral severe (>70%) internal carotid artery stenosis a slightly higher target (eg systolic BP of 150 mmHg) may be appropriate.

Diabetes Mellitus yes / no (Glucose on admission - mmol/l)
If yes treatment

Cholesterol (Total cholesterol on admission - mmol/l)

Statin – yes / no
If no reason

All patients who have had an ischaemic stroke or transient ischaemic attack should be treated with a statin drug unless contraindicated, according to the following criteria

- a total cholesterol of >3.5 mmol/L, or LDL cholesterol >2.5 mmol/L.

Treatment with statin therapy should be avoided or used with caution (if required for other indications) in individuals with a history of haemorrhagic stroke

Carotid Artery Disease – yes / no

If yes action

Smoking – yes / no

Alcohol / Diet – yes / no

Driving – yes / no

MDT Person completing the session-----