

Stroke Care

FeSS: Fever, Sugar, Swallow



FEVER

Assess & treat fever: **temperature $\geq 37.5^{\circ}\text{C}$**

1. Monitor fever at least 4 times a day for 72 hours.
2. Treat fever $> 37.5^{\circ}\text{C}$ with paracetamol (as an antipyretic therapy) within one hour
 - › Use IV or PR in patients who are nil oral
3. Review reasons for fever development

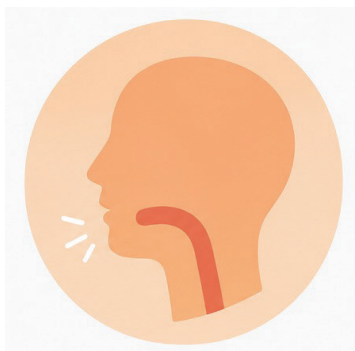
Even a small increase in body temperature can increase the size of the stroke and worsen patient outcomes.

SUGAR

Assess & treat hyperglycaemia: **glucose $> 10\text{mmol/L}$**

1. Monitor blood glucose levels (BGL) for 72 hours regardless of diabetic status.
2. Treat BGL $> 10\text{mmol/L}$ with appropriate glycaemic therapy, regardless of diabetic status.
3. Review reasons for hyperglycaemia development

Hyperglycaemia can increase the size of the stroke, lead to poorer outcomes as well as cause new strokes.



SWALLOW

Assess & refer for dysphagia management

1. Assess swallowing within 4 hours using a validated tool.
2. Assess swallowing **before oral intake**; this includes **ALL** medications, food and water.
3. **Stroke patients who fail the initial assessment must be**
 - › Kept nil by mouth
 - › Referred to speech pathology

Dysphagia increases the risk of aspiration pneumonia, dehydration and malnutrition.

