

Paediatric Stroke – Emergency management in children – Cardiology

This document forms part of the statewide guideline for [Paediatric Stroke – Emergency management in children](#)

Cardiology consultation and investigations in Paediatric Acute Ischaemic Stroke

Patient who is known to cardiac or cardiothoracic team

- If the patient has been diagnosed with stroke the team/s should be contacted immediately. The team should be included in discussion regarding suitability for reperfusion therapies (Alteplase or Endovascular Thrombectomy).
- Clinically stable patients with probable TIA can be discussed with cardiology in the morning if they present overnight. The patient should not be discharged prior to this discussion.

Patient unknown to cardiac team but has clinical findings consistent with a cardiac condition

- If the patient has been diagnosed with ischaemic stroke cardiology should be contacted immediately. The team should be included in discussion regarding suitability for reperfusion therapies (Alteplase or Endovascular Thrombectomy).
- Clinically stable patients with probable TIA can be discussed with cardiology in the morning if they present overnight. The patient should not be discharged prior to this discussion.

Patient unknown to cardiac team with no clinical findings consistent with a cardiac condition

- If the patient has been diagnosed with stroke cardiology should be contacted during the admission to consider performing an echocardiogram (with bubble study) during the admission.
- Almost all children with a TIA diagnosis will require an echocardiogram (with bubble study) to exclude a patent foramen ovale unless a clear alternate cause can be identified. A plan for this investigation should be initiated prior to discharge from hospital. Paediatric cardiology will provide guidance regarding the appropriate urgency and scheduling of this procedure.

