Improving receptionists’ knowledge of lesser-known stroke symptoms is required for optimum management of acute stroke.

**Background**

- Stroke is a leading cause of morbidity and mortality.
- Thrombolysis can reduce the burden of stroke, but timely recognition and referral are essential.
- The GP is the first point of contact for 22-56% of patients with stroke, but only 55-71% of these are correctly referred.
- Most calls are answered by GP receptionists who must determine the urgency and when an appointment should be made.
- Common symptoms of stroke include Facial asymmetry, Arm weakness, or slurred Speech (FAST symptoms of anterior stroke); and vertigo, visual disturbance or vomiting (symptoms of posterior stroke).
- This study used trained role players to make unannounced simulated patient telephone calls to receptionists (ten vignettes designed to include a range of presentations, categorised by difficulty), and examined individual knowledge via a questionnaire.
Findings

- 520 simulated calls were made to 52 practices.
- 69% of calls were referred for immediate response, with 61% being told to call the emergency medical services.
- ‘Difficult’ and ‘moderate’ calls were less likely to be immediately referred, compared to ‘easy’ calls.
- When the term “stroke” was used, most (93%) responses were for immediate referral, regardless of difficulty.
- Calls with fewer/no FAST symptoms were less likely to be immediately referred, compared to those with three FAST symptoms.
- Results from questionnaires showed that 96% of receptionists could name at least one symptom of anterior stroke and 73% could name all three FAST symptoms.
- However, only 29% reported a common symptom of posterior stroke, and incorrect symptoms were reported by 40% of receptionists.
- Only 14% of receptionists reported receiving training related to stroke.

Reference


Recommendations for practice

There is a need for new interventions to assist receptionists to recognize possible stroke (in particular posterior stroke), and to reinforce the need for urgent action even when only one symptom is present. GP staff and PPGs should look into what actions could be taken.

What is NIHR CLAHRC West Midlands?

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