Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Letter to the Editor regarding: Critical Considerations for Stroke Management During COVID-19 Pandemic in response to Inglis et al., Heart Lung Circ. 2020;29(9): 1263–1267.

Keywords Stroke • Stroke nursing • COVID-19 pandemic • Cerebrovascular

To the Editor,

We thank Inglis and colleagues for the recent CSANZ COVID-19 Cardiovascular Nursing Care Consensus Statement [1] and for highlighting important issues in cardiovascular and cerebrovascular disease nursing management during the COVID-19 pandemic. While many of the identified issues apply to patients with cardiac disease or stroke, several fundamental differences affecting patients with stroke require distinction.

Globally, stroke is a leading cause of disability and death. Any delays in presentation or treatment contribute to long-term disability. Transient ischaemic attacks (TIA) can often precede a major stroke, and rapid identification of cause and initiation of targeted secondary prevention is a critical step in risk-reduction [2]. Stroke/TIA presentations, particularly among those with milder symptoms, have fallen substantially across the world during the pandemic, potentially resulting in more severe stroke events or disability from delayed treatment [2–4].

Diagnosis of stroke and treatment involves multiple hospital departments and should be streamlined and guided by an interdisciplinary team. COVID-19 has negatively impacted hospital workflows and has led to redeployment of staff resources, including nurses who work in Stroke Units [2]. Without the care of specialist multidisciplinary teams in a dedicated stroke unit, patients face higher rates of complications, disability and mortality [2,4,5].

Physically segregated emergency department workspaces impede workflows and can delay referrals to the stroke team, and lengthy brain scanner decontamination times can delay diagnosis and treatment decisions [2–4]. With a causal relationship established between treatment delays and disability/mortality rates, these delays can have disastrous consequences [6].

This de-valuing of hospital response times and services has resulted in the Stroke Society of Australasia's plea to hospital executives to protect the integrity of stroke services [5].

It remains essential that the Face, Arms, Speech, Time (FAST) message detailing the signs of stroke is well publicised, and people with suspected stroke do not hesitate to call an ambulance. Moreover, hospital workflows and processes, while needing to be flexible in these unprecedented times, should not be altered to such a degree that patients presenting with stroke are disadvantaged.

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Competing Interest Statement

We report no competing interests associated with the work in this manuscript.

Skye Coote, MN [a,b,c,*]
Dominique A. Cadilhac, PhD [d,e]
Elizabeth O'Brien, MN [c,f]
Sandy Middleton, PhD [g]
on behalf of
the Acute Stroke Nurses Education Network (ASNEN)
Steering Committee
[a]*Melbourne Brain Centre and Department of Neurology, Royal Melbourne Hospital, Melbourne, Vic, Australia*
[b]*Department of Medicine and Radiology, Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne, Melbourne, Vic, Australia*
[c]*The Acute Stroke Nurses Education Network (ASNEN), Melbourne, Vic, Australia*
[d]*Stroke and Ageing Research, Department of Medicine, School of Clinical Sciences at Monash Health, Monash University, Melbourne, Vic, Australia*
[e]*Stroke Theme, The Florey Institute of Neuroscience and Mental Health, Melbourne, Vic, Australia*
[f]*Department of Neurology, Royal North Shore Hospital, Sydney, NSW, Australia*
[g]*Nursing Research Institute, St Vincent's Health Network Sydney, St Vincent's Hospital Melbourne & Australian Catholic University, Sydney, NSW, Australia*
*Corresponding author at: Melbourne Brain Centre at the Royal Melbourne Hospital, Level 4, 300 Grattan Street, Melbourne, Victoria, Australia 3050

@skyecoote (S. Coote)
The ASNEN Steering Committee consists of: Skye Coote, Elizabeth O'Brien, Tanya Frost, Sarah Kuhle, Simeon Dale, Brett Jones, Carolyn Harrison, Lizzie Dodd and Gillian Edmonds.

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