Stroke Sense: A Study of Causes, Symptoms, and Recognition
Objectives

- types of strokes
- ED evaluation and management
- importance of 911 and pre hospital care
- process of care
- RDHW stroke data
More than 140,000 people die each year from stroke in the United States. Stroke is the leading cause of serious, long-term disability in the United States. Each year, approximately 795,000 people suffer a stroke. About 600,000 of these are first attacks, and 185,000 are recurrent attacks.
What is Stroke (cva)

- Cerebral vascular accident
- Embolic vs Hemorrhagic
  - Embolic: clot blocking the flow of blood
  - Hemorrhagic: loss of blood flow due to rupture of vessel into brain tissue

Both result in loss of appropriate blood flow to areas of the brain
- Location of stroke
- How early do we catch it
  - TPA in first 4.5 hrs for embolic stroke
  - Surgical intervention up to 8 hrs post cva

**Time is brain**
stroke mimics

- hypoglycemia
- seizure with Todd’s paralysis
- bells palsy
- hemiplegic migraine
- periodic paralysis
pre-hospital care and evaluation

- clear concise report
- check blood sugar
- monitor vitals carefully
- provide a race score
What can EMS do to help

- Get the 18 gauge in right AC if possible.
- Allow us to take to CT on the stretcher
- Get blood for emergent labs in route if your protocols allow.
RACE score

- Rapid Arterial Occlusion Evaluation
  - Facial palsy
  - Arm motor
  - Leg motor
  - Head/gaze deviation
  - Aphasia/agnosia

Anything over 4 is significant to me
Why is race important

- Notifies ER to get needed tests ready and prepare the neurologist
- TPA takes time to prepare and administer
- Notify radiology and have the CT scanner ready
- Option to divert directly to CT versus ED bed
ED process

- brief evaluation ambulance entrance
- divert to CT
- point of care testing
- case overview neurology
- decision point: TPA vs transfer to comprehensive stroke center
If embolic: embolectomy or TPA
Hemorrhagic: limited options. If midline shift, surgery may be required
Questions?
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