Let's learn about strokes from the...

Objectives

- Discuss the FAST campaign for recognizing stroke symptoms
- Discuss the role of nursing in the care of a possible stroke patient
- Review the process of performing the NIH stroke scale

F-Face drooping

A-Arm weakness

S-Speech difficulty

T-Time to call 911

Face drooping?

Arm weakness?

Speech difficulty?

- Slurred speech
- Expressive aphasia
- Aphasia

CALL 911

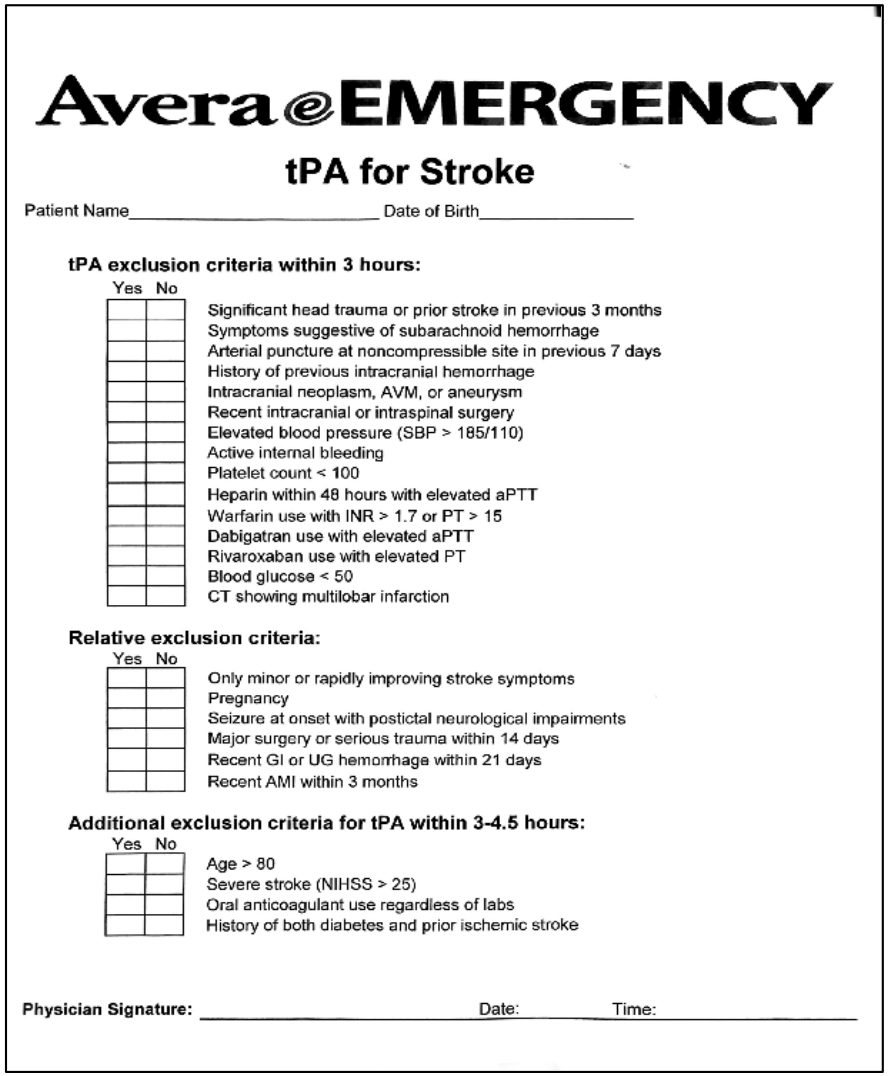
What do I do first?

- Room immediately
- Assess ABCs
- Last known well time
- Blood Glucose
- Head CT (goal <10 minutes of ED arrival)

Then what?

- Critical Care Assessment (doctor & nurse)
- Two large bore IVs/Labs
- VS
- Complete NIH stroke scale

TPA exclusion criteria checklist



Avera eEMERGENCY

tPA for Stroke

Patient Name_____ Date of Birth_____

tPA exclusion criteria within 3 hours:

Yes	No	
		Significant head trauma or prior stroke in previous 3 months
		Symptoms suggestive of subarachnoid hemorrhage
		Arterial puncture at noncompressible site in previous 7 days
		History of previous intracranial hemorrhage
		Intracranial neoplasm, AVM, or aneurysm
		Recent intracranial or intraspinal surgery
		Elevated blood pressure (SBP > 185/110)
		Active internal bleeding
		Platelet count < 100
		Heparin within 48 hours with elevated aPTT
		Warfarin use with INR > 1.7 or PT > 15
		Dabigatran use with elevated aPTT
		Rivaroxaban use with elevated PT
		Blood glucose < 50
		CT showing multilobar infarction

Relative exclusion criteria:

Yes	No	
		Only minor or rapidly improving stroke symptoms
		Pregnancy
		Seizure at onset with postictal neurological impairments
		Major surgery or serious trauma within 14 days
		Recent GI or UG hemorrhage within 21 days
		Recent AMI within 3 months

Additional exclusion criteria for tPA within 3-4.5 hours:

Yes	No	
		Age > 80
		Severe stroke (NIHSS > 25)
		Oral anticoagulant use regardless of labs
		History of both diabetes and prior ischemic stroke

Physician Signature: _____ Date: _____ Time: _____

Alteplase dosing

- Accurate weight in kg
- Bolus dose: 0.09mg/kg (Max 9mg).

  Give over 1 minute
- Infusion dose: 0.81mg/kg (Max 81mg)

  Give over 1 hour

After TPA infused...

- Neuro checks every 15 minutes
- VS every 15 minutes (Keep BP <185/110)
- Bleeding assessment every 15 minutes
- Monitor for angioedema every 15 minutes

This patient is a critical care patient!!!

NIHSS

- Assessment tool that helps to measure stroke-related neurologic deficit.
- Used to evaluate stroke acuity.
- Predictor of both short and long term outcome of stroke patients.
- Data collection tool for planning patient care.
- Provides a common language among healthcare providers.
- Administered at the bedside consistently by physicians, nurses or therapists.
- Requires less than 10 minutes to complete.

NIH Stroke Scale

- 1a. Level of Consciousness
- 1b. Level of Consciousness Questions
- 1c. Level of Consciousness Commands

NIH Stroke Scale

- 2. Best Gaze (horizontal plane)
- 3. Visual Fields (quadrants)
- 4. Facial Palsy

NIH Stroke Scale

- 5. Motor arm
- 6. Motor Leg
- 7. Limb Ataxia
- 8. Sensory

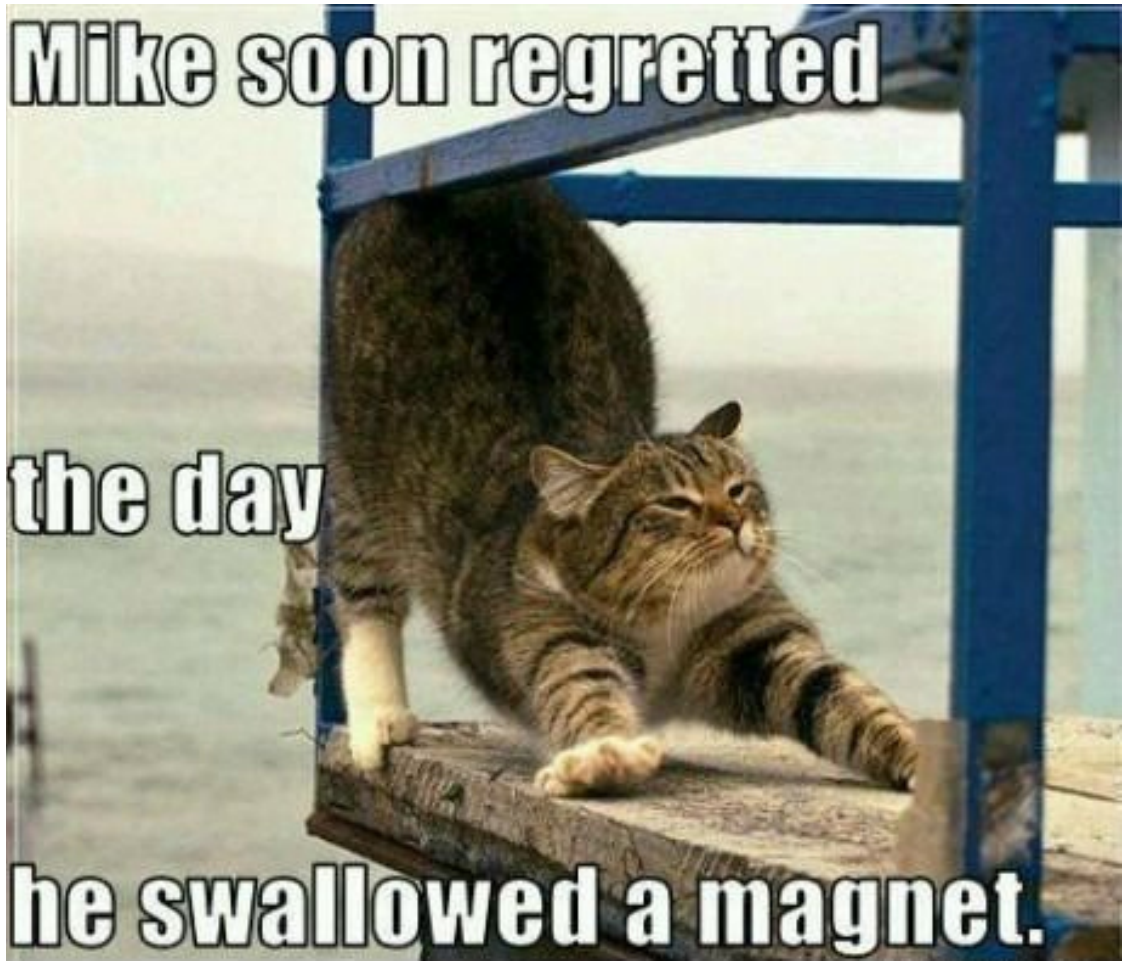
NIH Stroke Scale

- 9. Best Language
- 10. Dysarthria
- 11. Extinction and Inattention
  (formerly Neglect)

NIHSS Demonstration

References

- http://medical-dictionary.thefreedictionary.com
- https://stroke.nih.gov/documents/NIH_Stroke_Scale.pdf
- http://www.nihstrokescale.org/
- http://www.stroke.org/understand-stroke/recognizing-stroke/act-fast


Mike soon regretted
the day
he swallowed a magnet.

Have you ever had that day…..

The NSP (night shift problem) became the DSP (day shift problem). It all started off with the WWI (walking while intoxicated) became the FTF (failure to fly) when HBC (hit by a car) and is complaining of TBP (total body pain) now that he is SOB (sober, out of beer).

While this guy is BVA (breathing valuable air), he still LOFD (looks ok from the door) as you hurry on to your next patient….

The next patient FOWC (fell out of wheel chair) and now is HTK (higher than a kite) secondary to the dilaudid and performed a TUBE (totally unnecessary breast exam) on the nurse.

Back to the NSP now a DSP: He is experiencing HDLT (high drama, low trauma), when asking about his meds he replies “WTF”: (wed-thurs-Friday)…what were you all thinking???

A little while later… a new patient is LOL FOF (little old lady found on the floor) who initially had smurf syndrome (cyanotic) but is better. She loves FMPS (fluff my pillow syndrome) and is requesting the TTJ (transfer to Jesus), you tell her she is not CTD (Circling the drain or certain to die) because Jesus isn’t quite ready yet.