

QUICK SOLUTION GUIDE



CASE **#32**

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The strategy proposed in this document to successfully solve this case follows most recent guidelines and/or expert opinion. It is just one example: as in real practice, different approaches can reach the same final results.

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CLINICAL REASONING EDUCATION

STRATEGIES FOR DIAGNOSIS & TREATMENT OPTIONS

1. Ask questions to the patient:

DIALOGUE > MEDICAL CONDITION

- How are you feeling right now?
- Do you remember what happened?
- Are you feeling any pain?
- Do you have diabetes?
- How long since you started feeling like this?

DIALOGUE > MEDICATION

- Are you taking any medication?

2. Initiate Vital Signs Monitoring:

MONITORING

- Blood pressure
 - ECG monitor
 - Heart rate
 - Oxygen saturation
 - Respiratory rate
 - Blood glucose
- (pause to explain vital signs)

3. Order Imaging tests:

TESTS > IMAGING TESTS

- Head CT
 - Cerebral angio CT
 - Cerebral perfusion CT
- (pause to explain Imaging tests)

4. Order Decision aids tests:

TESTS > DECISION AIDS

- Stroke Scale (NIHSS)
- (pause to explain Decision aids tests)

5. For Increased blood pressure treatment, give:

MEDICATION > ANTIHYPERTENSIVE¹

- Labetalol 20mg IV bolus

¹ Blood pressure lowering should preferably be with non-vasodilator medication (note: With a high initial BP the nurse protocol states that she should notify the doctor. The doctor would have to follow the BP protocol and give IV Labetalol 10-20 mg over 1-2 minutes).

6. If the patient has Ischemic embolic left stroke/ Severe Ischemic Embolic Left Stroke, give:

MEDICATION > FIBRINOLYTICS

- Alteplase 0.9mg/kg IV (10% IV bolus and 90% IV infusion)

CALL > STROKE UNIT

- Call stroke unit

For Ischemic embolic stroke treatment, Call Stroke unit intervention, is an optional intervention.

CALL > INTERVENTIONAL NEURORADIOLOGIST

- Thrombectomy - left MCA occlusion

INTERVENTION > OXYGEN THERAPY

- Nasal cannula
- High flow mask 40%