

QUICK SOLUTION GUIDE



CASE **#34**

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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?

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

MEDICATION > ANTIPLATELET (ONE OF THE FOLLOWING)¹

- Acetylsalicylic acid 100 mg PO
- Acetylsalicylic acid 300 mg RECTAL
- Clopidogrel 75 mg PO

¹ Firstly, verify if there are contraindications for alteplase treatment and there are Head CT alterations that constitute a contraindication.

A patient with contraindication to alteplase should start secondary stroke prevention as soon as possible, and alteplase should not be administered as lesion is already installed, which may cause neurological worsening at this stage.

Regarding Antiplatelet treatment, preferably Acetylsalicylic acid is administered.

CALL > STROKE UNIT

- Call stroke unit

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

INTERVENTION > OXYGEN THERAPY

- Nasal cannula
- High flow mask 40 %