QUICK SOLUTION GUIDE



MARTIN MASTERSON





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. If the patient has Ischemic embolic right stroke/ Severe Ischemic Embolic Right Stroke, give: MEDICATION > FIBRINOLYTICS

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

CALL > STROKE UNIT

- Call stroke unit

For success solving the case, Call Stroke unit intervention, is an optional intervention.

CALL > INTERVENTIONAL NEURORADIOLOGIST

- Thrombectomy - right MCA occlusion

To conclude the case successfully, intra-arterial treatment must be administrated. Considering the uncertainty in time of onset, the preferred therapeutic option should be primary intra-arterial treatment, disconsidering fibrinolytic treatment.

However, due to the findings in CT, CTA and CT perfusion with a proximal intracranial occlusion and no established parenchymal lesions, if Alteplase is administered before intra-arterial treatment, the case will be concluded with partial success because full compliance with the guidelines was not achieved.

INTERVENTION > OXYGEN THERAPY

- Nasal cannula
- High flow mask 40 %