

QUICK SOLUTION GUIDE



CASE **#70**

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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

- What happened to you?
- When did your symptoms start?
- Did you have any recent surgery?

DIALOGUE > MEDICATION

- Do you take any medication?

2. Initiate Vital Signs Monitoring:

MONITORING

- Blood pressure
- Diuresis
- Temperature
- Heart rate
- Oxygen saturation
- Respiratory rate
- Blood glucose

3. Initiate physical exam:

PHYSICAL EXAM > AIRWAY

Airway observation

PHYSICAL EXAM > BREATHING

Lungs auscultation

PHYSICAL EXAM > CIRCULATION

- Pulse palpation
- Capillary refill time
- Heart auscultation

PHYSICAL EXAM > DISABILITY

Glasgow coma scale

4. Order tests:

TESTS > IMAGING TESTS

- Head CT
- Cerebral CT Angiogram
- Cerebral Perfusion CT
- Transcranial Doppler

TESTS > LAB TESTS

Coagulation Test

TESTS > DECISION AIDS

Stroke Scale (NIHSS)

5. If the patient has Ischemic stroke of right MCA, call:

CALL > INTERVENTION NEURORADIOLOGIST

Call Intervention Neuroradiologist

CALL > STROKE UNIT

Call stroke unit

For Ischemic stroke of right MCA treatment, Call Stroke unit intervention, is an optional intervention.

6. If the patient has Hypoxia/ Severe Hypoxia:

INTERVENTION > OXYGEN THERAPY

- Nasal cannula 2 L / min
- High flow mask 40 %

INTERVENTION > VENTILATION

Invasive Ventilation

8. If the patient has Apnea (if thrombolysis is given):

INTERVENTION > VENTILATION

Invasive Ventilation

9. If the patient has cardiac arrest (if thrombolysis is given):

INTERVENTION > VENTILATION

Invasive Ventilation

INTERVENTION > LIFE SUPPORT

Chest Compressions 100 compressions / min

MEDICATION > VASOACTIVE AGENTS

Adrenaline 1 mg IV bolus