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## OVERVIEW



CONTEXT		Four hours ago, while watching television at home, James suddenly felt right-sided weakness and difficulty speaking. After initial refusal, his wife convinced him that he needed medical assistance. A paramedic team was dispatched to bring him to the emergency department.				
BRIEFING		Male, 65 years old. Sudden onset of speech impairment, right-sided weakness four hours ago. Hypertension, dyslipidemia and smoking.				
	GENERAL	Recognize acute stroke;				
LEADNING		Start vital signs vigilance in acute care;				
LEARNING OBJECTIVES	SPECIFIC	Performance of neurological assessments (NIHSS);				
0202011120		Blood pressure management in acute stroke;				
		Recognize contraindication to	o alteplase due to early CT ch	anges.		
		Patient name:	James Kevinson	Age (years):	65	
DATIE	\ <del></del>	BMI:	26.8 (overweight)	Sex:	Male	
PATIEI CHARACTER		Weight (kg):	82	Height (cm):	175	
CHARACTERIZATION		Weight (lb):	181	Height (in):	69	
		Chronic conditions:	Hypertension; Dyslipidemia.			
Notes:	These patient	s are not real patients and the	ir clinical cases, whilst clinical	lly plausible, are fictional.		

## ABCDE ASSESSMENT

CATEGORY	PARAMETERS	EVALUATION	PRIORITY
AIRWAY	Breath sounds	Normal	1st Priority
AIRWAT	Airway observation	Clear	1st Priority
	Signs of respiratory distress	Normal	1st Priority
	Respiratory rate	15/min	1st Priority
	Chest excursion	Normal	1st Priority
	Chest deformity, raised JVP, chest drains	Normal	1st Priority
BREATHING	O2 Sat	92%	1st Priority
BREATHING	Cheet perguasian	<b>Right: 1R-</b> resonance; <b>2R-</b> resonance; <b>3R-</b> resonance; <b>4R-</b> resonance; <b>5R-</b> dullness.	Not a Drianity
	Chest percussion	Left: 1L- resonance; 2L- resonance; 3L- superficial cardiac dullness; 4L- superficial cardiac dullness; 5L- resonance.	Not a Priority
	Chest palpation	2L- normal; 2R- normal	Not a Priority
	Pulmonary auscultation	Normal	2nd Priority
	Hands and digits	Pink and warm	1st Priority
	Heart rate	89 bpm	1st Priority
	Peripheral pulses	Carotid- Strong and regular; Radial- Strong and regular, equal on both sides; Femoral- Strong and regular, equal on both sides; Dorsalis pedis- Strong and regular, equal on both sides.	Not a Priority
CIRCULATION	Blood pressure	190 / 105 mmHg	1st Priority
	Capillary refill time (CRT)	1.3 seconds	Not a Priority
	Heart auscultation	Normal	2nd Priority
	Urinary output	139 mL/kg/h / 11398 mL/h	2nd Priority
	External hemorrhage (wounds), drains, concealed hemorrhage	No	2nd Priority
	Pupils (size, equality and reaction to light)*	Equal and reactive to light	2nd Priority

# Case 34 Acute ischemic stroke with contraindication to alteplase (James Kevinson)

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DISABILITY	Level of consciousness (Glasgow Coma Scale)	12 (E4-V3-M5)	2nd Priority
	Blood Glucose	112 mg/dL / 6.216 mmol/L	1st Priority
	Full body (front)*	Normal	Not a Priority
EXPOSURE	Full body (back)*	Normal	Not a Priority
EAFOSURE	Abdomen percussion	<b>6R-</b> tympanic; <b>7R-</b> tympanic; <b>6L-</b> tympanic; <b>7L-</b> tympanic.	Not a Priority
	Abdomen palpation	Soft, depressible, painless. No visceromegaly.	Not a Priority
	Temperature	36.4 °C / 97.52 °F	2nd Priority

 $<sup>\</sup>ensuremath{^{\star}}$  In the current version of the case, these procedures are not implemented.

## Clinical Information

	Source:	Emergency medical team report
Previou	us medication:	Family member informed that patient takes simvastatin and losartan.
Other	information:	Onset of speech impairment and right sided weakness 4 hours ago.
Note:		This information will appear automatically 3 minutes after the start of the simulation.

### DIALOGUES

Specification of dialogues with the patient during simulation:

CATEGORY	Question Availability	#	QUESTION	PATIENT REPLY	REPLY CONDITIONAL	PRIORITY
	-	1	How are you feeling?	Haaf weeaak	-	1st Priority
	-	2	What happened to you?	Cooulld lii riigh.	-	1st Priority
	-	3	Do you have concomitant health conditions?	Nee haa	-	2nd Priority
	-	4	Feeling pain?	Doo apaa haaf.	-	2nd Priority
Medical condition	-	5	Diabetes diagnosis?	Thii boo.	-	2nd Priority
	-	6	Any recent weight changes?	Haaf weeaak	-	Not a Priority
	-	7	History of severe illness?	Cooulld lii riigh.	-	2nd Priority
	-	8	Time since symptom onset?	Nee haa	-	2nd Priority
	-	9	Do you have any allergies?	Doo apaa haaf.	-	2nd Priority
	-	10	Taking any medication?	Thii boo.	-	2nd Priority
Medication	-	11	Medication side-effects present?	Haaf weeaak	-	2nd Priority
	-	12	Describe your diet.	Cooulld lii riigh.	-	Not a Priority
	-	13	Last time you ate?	Nee haa	-	Not a Priority
	-	14	What did you eat last time?	Doo apaa haaf.	-	Not a Priority
	-	15	Snacks between meals?	Thii boo.	-	Not a Priority
Nutrition	-	16	Do you take dietary supplements?	Haaf weeaak	-	Not a Priority
	-	17	Have there been changes in appetite?	Cooulld lii riigh.	-	Not a Priority
	-	18	Adhering to cholesterol- lowering diet?	Nee haa	-	2nd Priority
	-	19	How active are you?	Doo apaa haaf.	-	Not a Priority
Activity	-	20	What were you doing when you felt ill?	Thii boo.	-	2nd Priority
	-	21	Physical effort at time of event?	Haaf weeaak	-	Not a Priority
	-	22	Recently under stress?	Cooulld lii riigh.	-	2nd Priority
	-	23	Frequency of alcohol consumption?	Nee haa	-	Not a Priority
Risk factors	-	24	Are you hypertensive?	Doo apaa haaf.	-	2nd Priority
KISK IACIOIS	-	25	High cholesterol present?	Thii boo.	-	2nd Priority
	-	26	Are you a smoker?	Haaf weeaak	-	2nd Priority

# Case 34 Acute ischemic stroke with contraindication to alteplase (James Kevinson)

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	-	27	Measures to reduce high cholesterol?	Cooulld lii riigh.	-	2nd Priority
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	INITIAL SIMULATION CONDITIONS							
CATEGORY	DESIGNATION	COMMENTS						
Signs & symptoms	Broca aphasia	Due to Stroke						
	Right sided weakness including facial asymmetry	Due to Stroke						
Acute conditions at case start	Ischemic embolic stroke (left side, short duration)	-						
	Increased blood pressure	Due to Stroke						
Parameters at case start:	Blood pressure (mmHg): 190 / 105							
	Heart rate (bpm): 89							
	Respiratory rate (/min): 15							
	O₂ saturation (%): 92							
	Blood glucose (mg/dL): 112	Blood glucose (mmol/L): 6.22						
	Temperature (°C): 36.4	Temperature (°F): 98						
	Hemoglobin (g/dL): 14.7							
	Urinary output (mL/kg/h): 0.57							

## SEQUENCING OF CLINICAL CONDITIONS

Description of the predefined evolution of the patient's state:

SIMULATION TIME (MIN)		EVENT
0	Initial conditions:	- Ischemic stroke of left hemisphere
	conditions.	- Increased blood pressure
1		
2		
3		
4		
5		
6		
7	- Left ischemi	ic embolic stroke causes Severe Left ischemic embolic stroke
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

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### **EXAMINATION PROCEDURES**

Examination procedures relevant for the case with detailed results:

CATEGORY	TEST NAME		RESULT DESCRIF	PTION
Physical exam		HEALTH CONDITIONS	TEST	RESULT
		LEFT	Eye opening	4 - Spontaneous
		HEMISPHERE	Verbal response	3 - Words
		ISCHEMIC STROKE OR	Motor response	5 - Localizing
		AFTER	Total result	12 - Moderate impairment of consciousness
		HEALTH CONDITIONS	TEST	RESULT
	Classow same soals		Eye opening	3 - To sound
	Glasgow coma scale	HEMISPHERE ISCHEMIC STROKE	Verbal response	2 - Sounds
			Motor response	5 - Localizing
			Total result	10 - Moderate impairment of consciousness
		HEALTH CONDITIONS	TEST	RESULT
			Eye opening	2 - To pressure
		AFTER	Verbal response	2 - Sounds
		ALTEPLASE	Motor response	5 - Localizing
			Total result	9 - Moderate impairment of consciousness

### DIAGNOSTIC STRATEGIES

Complementary strategies for diagnosis relevant for the case:

CATEGORY	TEST NAME		RESULT DESCRIPTION		PRIORITY		
Imaging	Carotid Doppler Ultrasound		Left internal carotid artery: 70% stenosis				
	Head CT	Ischemic hyp	Ischemic hypodense lesion in the whole territory of left middle cerebral artery (contra-indication for tPA protocol)				
	Cerebral angio CT			1st Priority			
	Cerebral perfusion CT		Absence mismatch in left MCA territory		1st Priority		
	Transcranial doppler		M1 Left Occlusion		2nd Priority		
Lab tests	Biochemistry		No significant alterations				
	Complete blood count No significant alterations						
	Coagulation Tests		No significant alterations		2nd Priority		
Electrophysiology	12-Lead ECG		Sinus rhythm, no morphological changes		2nd Priority		
Decision aids	Stroke Scale (NIHSS)	HEALTH CONDITIONS	TEST	RESULT			
			1.a- Level of Consciousness 0- Alert, Keenly responsive; 1-Not Alert; but arousable by minor stimulation; 2- Not Alert, requires repeated and strong stimulation;- 3-coma.	0 - Alert, Keenly responsive			
			<ul><li>1.b- LOC- Questions (month and age)</li><li>0- Both correct; 1- one correct; 2- none correct.</li></ul>	2 - None correct			
			1.c- LOC - Verbal Commands (open/close eyes, grip/release non-paretic hand)     0-both tasks correctly; 1- one task correctly; 2-none task correctly.	0 - Both tasks correctly			
			Best gaze (Only horizontal eye movements, voluntary or reflexive)     Normal; 1- partial gaze palsy; 2- forced deviation.	0 - Normal			
			Visual fields (stimuli or threats in each eye's 4 quadrants)     No visual loss; 1- partial hemianopia; 2-complete hemianopia; 3- bilateral hemianopia (blind/cortical blindness).	2 - Complete hemianopia			
			4- Facial palsy 0- Normal; 1- Right side minor paralysis; 1- Left side minor paralysis; 2- Right side partial paralysis; 2- Left side partial paralysis; 3- Right side complete paralysis; 3- Left side complete paralysis;	2 - Right side partial paralysis			
		LEFT HEMISPHERE ISCHEMIC STROKE OR	5.a- Motor Right Arm (10" sitting at 90°, supine at 45°) 0- No drift; 1- drift, drifts does not hit bed; 2- Some effort against gravity; drifts down to bed; 3- No effort against gravity, limb falls; 4- No movement; UN - amputation or join fusion.	4 - No movement			

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**AFTER** 5.b- Motor Left Arm (10" sitting at 90°, supine at 0 - No drift ANTIPLATELE 45°) T OR NO 2 - Some effort THERAPY against gravity; 6.a- Motor Right Leg (5" lying at 30°) Drifts down to bed 6.b- Motor Left Leg (5" lying at 30°) 0 - No drift 7- Limb ataxia (finger-nose-finger; heel-shin) 0- Absent; 1- Present in one limb; 2- Present in two 0 - Absent limbs; UN- amputation or join fusion. 8- Sensory (sensation to pinprick when tested or 2 - Severe to withdrawal from noxious stimulus) total sensory 0- Normal; 1- mild to moderate sensory loss; 2loss Severe to total sensory loss). 9- Best Language (name items, describe a picture, read sentences)
0- No aphasia; 1- mild to moderate aphasia; 2-2 - Severe aphasia severe aphasia; 3- mute, global aphasia. 10- Dysarthria (clarity of articulation of speech when reading or repeating words) 2 - Severe 0- Normal; 1- mild to moderate dysarthria; 2-severe dysarthria; mute/anarthric UN-intubated or other Mute/anarthric physical barrier. 11-Extinction and inattention (simultaneous bilateral visual and tactile stimuli: anosagnosia) 0- No abnormality; 1-Visual, tactile, auditory, 0 - No spatial or personal inattention or extinction to one modality; 2- Profound hemi-inattention or abnormality extinction to more than one modality 18 - Moderate to severe stroke HEALTH TEST RESULT CONDITIONS 1.a- Level of Consciousness 1 - Not Alert; 0- Alert, Keenly responsive; 1-Not Alert; but arousable by minor stimulation; 2- Not Alert, but arousable by minor requires repeated and strong stimulation;- 3-coma. stimulation 1.b- LOC- Questions (month and age) 2 - None correct 0- Both correct; 1- one correct; 2- none correct. 1.c- LOC - Verbal Commands (open/close eyes, grip/release non-paretic hand)
0-both tasks correctly; 1- one task correctly; 2-2- None task correctly none task correctly. 2- Best gaze (Only horizontal eye movements, voluntary or reflexive)
0- Normal; 1- partial gaze palsy; 2- forced 2 - Forced deviation 3- Visual fields (stimuli or threats in each eye's 4 quadrants) 2 - Complete 0- No visual loss; 1- partial hemianopia; 2hemianopia complete hemianopia; 3- bilateral hemianopia (blind/cortical blindness). 4- Facial palsy 0- Normal; 1- Right side minor paralysis; 1- Left 2 - Right side side minor paralysis; 2- Right side partial paralysis; partial paralysis 2- Left side partial paralysis; 3- Right side complete paralysis; 3- Left side complete paralysis. 5.a- Motor Right Arm (10" sitting at 90°, supine at 1st Priority 0- No drift; 1- drift, drifts does not hit bed; 2- Some effort against gravity; drifts down to bed; 3- No movem movement effort against gravity, limb falls; 4- No movement; UN - amputation or join fusion. SEVERE LEFT 5.b- Motor Left Arm (10" sitting at 90°, supine at 0 - No drift 45°) HEMISPHERE **ISCHEMIC** 4 - No 6.a- Motor Right Leg (5" lying at 30°) STROKE movement 6.b- Motor Left Leg (5" lying at 30°) 0 - No drift 7- Limb ataxia (finger-nose-finger; heel-shin) 0- Absent; 1- Present in one limb; 2- Present in two 0 - Absent limbs; UN- amputation or join fusion. 8- Sensory (sensation to pinprick when tested or 2 - Severe to withdrawal from noxious stimulus) total sensory 0- Normal; 1- mild to moderate sensory loss; 2loss Severe to total sensory loss). 9- Best Language (name items, describe a picture, read sentences) 2 - Severe 0- No aphasia; 1- mild to moderate aphasia; 2aphasia severe aphasia; 3- mute, global aphasia.

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	10- Dysarthria (clarity of articulation of speech when reading or repeating words) 0- Normal; 1- mild to moderate dysarthria; 2-severe dysarthria; mute/anarthric UN-intubated or other physical barrier.  11-Extinction and inattention (simultaneous bilateral visual and tactile stimuli; anosagnosia) 0- No abnormality; 1-Visual, tactile, auditory, spatial or personal inattention or extinction to one modality; 2- Profound hemi-inattention or extinction to more than one modality.	2 - Severe dysarthria; Mute/anarthric 0 - No abnormality 25 - Severe
HEALTH	Total	stroke
CONDITIONS	TEST	RESULT
	1.a- Level of Consciousness 0- Alert, Keenly responsive; 1-Not Alert; but arousable by minor stimulation; 2- Not Alert, requires repeated and strong stimulation;- 3-coma.	2 - Not Alert, requires repeated and strong stimulation
	1.b- LOC- Questions (month and age)     0- Both correct; 1- one correct; 2- none correct.	2 - None correct
	1.c- LOC - Verbal Commands (open/close eyes, grip/release non-paretic hand) 0-both tasks correctly; 1- one task correctly; 2- none task correctly.	2- None task correctly
	Best gaze (Only horizontal eye movements, voluntary or reflexive)     Normal; 1- partial gaze palsy; 2- forced deviation.	2 - Forced deviation
	3- Visual fields (stimuli or threats in each eye's 4 quadrants) 0- No visual loss; 1- partial hemianopia ; 2- complete hemianopia; 3- bilateral hemianopia (blind/cortical blindness).	2 - Complete hemianopia
	4- Facial palsy 0- Normal; 1- Right side minor paralysis; 1- Left side minor paralysis; 2- Right side partial paralysis; 2- Left side partial paralysis; 3- Right side complete paralysis; 3- Left side complete paralysis.	3 - Right side complete paralysis
	5.a- Motor Right Arm (10" sitting at 90°, supine at 45°) 0. No drift; 1- drift, drifts does not hit bed; 2- Some effort against gravity, drifts down to bed; 3- No effort against gravity, limb falls; 4- No movement; UN - amputation or join fusion.	4 - No movement
AFTER ALTEPLASE	5.b- Motor Left Arm (10" sitting at 90°, supine at 45°)	0 - No drift
	6.a- Motor Right Leg (5" lying at 30°)	4 - No movement
	6.b- Motor Left Leg (5" lying at 30°)	0 - No drift
	7- Limb ataxia (finger-nose-finger; heel-shin) 0- Absent; 1- Present in one limb; 2- Present in two limbs; UN- amputation or join fusion.	0 - Absent
	8- Sensory (sensation to pinprick when tested or withdrawal from noxious stimulus) 0- Normal; 1- mild to moderate sensory loss; 2- Severe to total sensory loss).	2 - Severe to total sensory loss
	9- Best Language (name items, describe a picture, read sentences) 0- No aphasia; 1- mild to moderate aphasia; 2- severe aphasia; 3- mute, global aphasia.	3 - Mute, global aphasia
	10- Dysarthria (clarity of articulation of speech when reading or repeating words) 0- Normal; 1- mild to moderate dysarthria; 2-severe dysarthria; mute/anarthric UN-intubated or other physical barrier.	2 - Severe dysarthria; Mute/anarthric
	11-Extinction and inattention (simultaneous bilateral visual and tactile stimuli; anosagnosia) 0- No abnormality; 1-Visual, tactile, auditory, spatial or personal inattention or extinction to one modality; 2-Profound hem	0 - No abnormality
	Total	28 - Severe stroke

TREATMENT / INTERVENTION OPTIONS

Medication / intervention options to treat all patient's conditions.

Notes:

This table contains treatments required to treat all relevant acute health conditions present in this case.

Each cell in the first column designates a condition and the cells to the right describe its treatment options.

CT = computed tomography; NIHSS = National Institutes of Health Stroke Scale

The "type" and "category" columns refer to the location of the treatment item in Body Interact user interface (to be filled in only by the Body Interact team).

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To treat:	TYPE	CATEGORY	DESIGNATION	DOSE	UNIT	ROUTE OF ADMINISTR ATION	PRIORITY
ISCHEMIC EMBOLIC LEFT		ANTIPLATELET	Acetylsalicylic acid	100	mg	PO	
STROKE / SEVERE			Acetylsalicylic acid	300	mg	RECTAL	1st Priority
ISCHEMIC EMBOLIC LEFT STROKE			Clopidogrel	75	mg	PO	
WITH ALTEPLASE		PE	DESCRIPTION			PRIORITY	
CONTRAINDICATION	CALL		Stroke Unit *	The stroke unit is notified.			1st Priority

Note:

- 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.
- \*For Ischemic embolic stroke treatment, Call Stroke unit intervention, is an optional intervention.
- Regarding Antiplatelet treatment, preferably Acetylsalicylic acid is administered.

To treat:	TYPE	CATEGORY	DESIGNATION	DESCRIPTION		PRIORITY	
REDUCED OXYGENATION	INTERVENTIO N	OXYGEN	Nasal cannula	-	-	-	2nd Priority
	INTERVENTIO N	OXYGEN	High flow mask	40	%	-	2nd Priority

Notes:

In this case, blood pressure should not be lowered since there is no indication to alteplase.

### **ENDING MESSAGES**

Each ending message text is required to have no more than 200 characters (including spaces).

TYPE	CONDITIONAL	MESSAGE
Success	Antiplatelet administration	Congratulations, your practice meets the guidelines' requirements.
Failure	Alteplase administration	Unfortunately your patient didn't make it. Try again!

### **DIFFERENTIAL DIAGNOSIS**

Indication of the options of diagnostic answers that the user will be presented at the end of the simulation (multiple choice question):

DIFFERENTIAL DIAGNOSIS MULTIPLE CHOICE QUESTION	Correct answer	Ischemic stroke	
	3 incorrect answers	Cerebral tumor	
		Hemorrhagic stroke	
		Encephalitis	

### REFERENCES

- 1. European Stroke Organisation (ESO) Executive Committee, ESO Writing Committee. Guidelines for management of ischaemic stroke and transient ischaemic attack 2008. *Cerebrovasc Dis.* 2008;25(5):457-507.
- 2. Powers WJ, Rabinstein AA, Ackerson T, et al. 2018 Guidelines for the Early Management of Patients With Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. *Stroke*. March 2018.
- 3. Wahlgren N, Moreira T, Michel P, et al. Mechanical thrombectomy in acute ischemic stroke: Consensus statement by ESO-Karolinska Stroke Update 2014/2015, supported by ESO, ESMINT, ESNR and EAN. *International Journal of Stroke*. 2016;11(1):134-147.
- 4. Ahmed N, Wahlgren N, Grond M, et al. Implementation and outcome of thrombolysis with alteplase 3-4.5 h after an acute stroke: an updated analysis from SITS-ISTR. *Lancet Neurol*. 2010;9(9):866-874.
- 5. Brott T, Adams HP, Olinger CP, et al. Measurements of acute cerebral infarction: a clinical examination scale. Stroke. 1989;20(7):864-870.
- 6. Hacke W, Donnan G, Fieschi C, et al. Association of outcome with early stroke treatment: pooled analysis of ATLANTIS, ECASS, and NINDS rt-PA stroke trials. *Lancet*. 2004;363(9411):768-774.
- 7. Lees KR, Bluhmki E, von Kummer R, et al. Time to treatment with intravenous alteplase and outcome in stroke: an updated pooled analysis of ECASS, ATLANTIS, NINDS, and EPITHET trials. *The Lancet*. 2010;375(9727):1695-1703.
- 8. Wardlaw JM, Murray V, Berge E, del Zoppo GJ. Thrombolysis for acute ischaemic stroke. In: Cochrane Database of Systematic Reviews. John Wiley & Sons, Ltd; 1996.