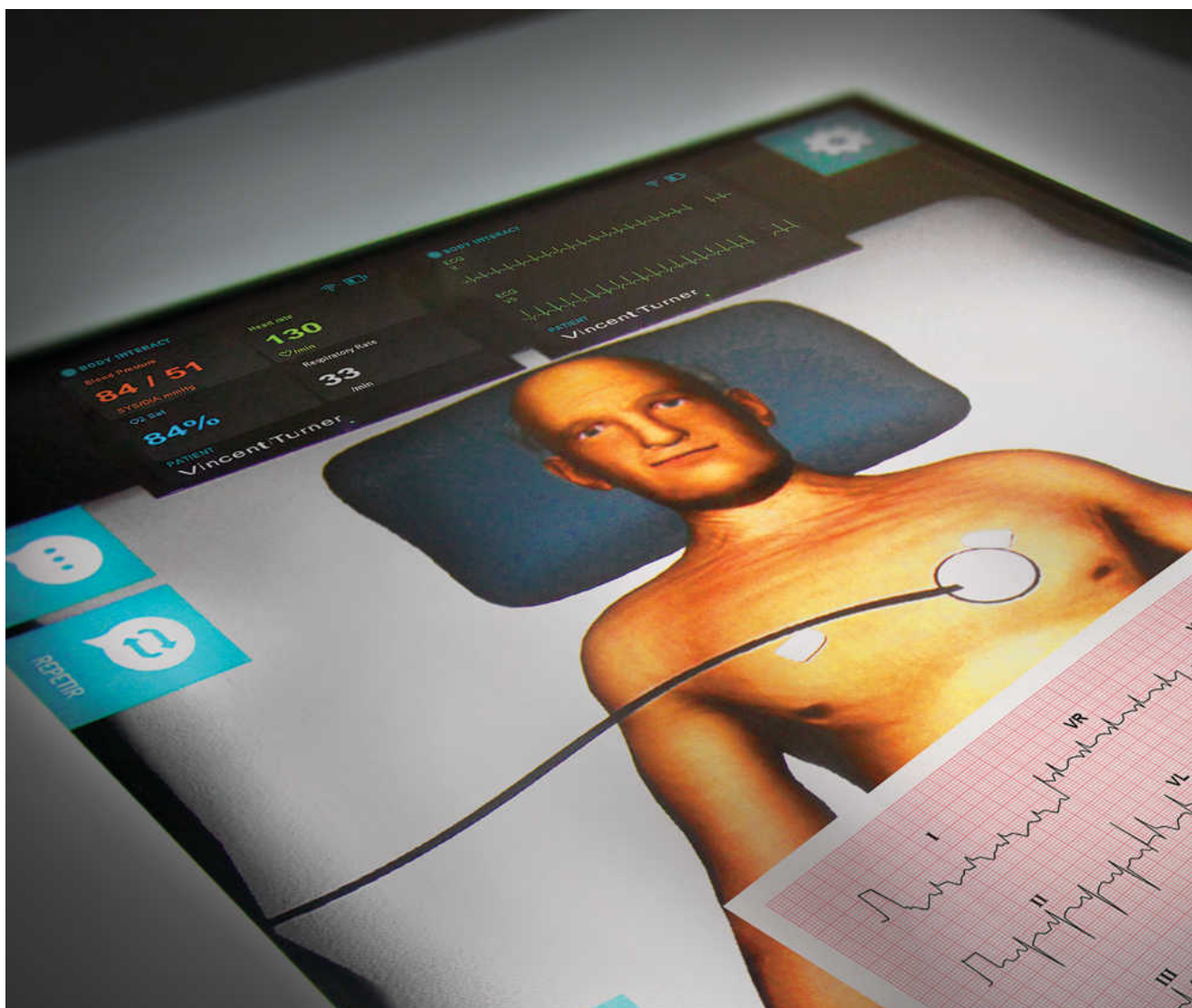


# BODY INTERACT™

CLINICAL REASONING EDUCATION



## SCENARIO 35 - MARTIN MASTERSON

MEDICAL CATEGORY: NEUROLOGY

CASE DIFFICULTY: ADVANCED

SIMULATION ENVIRONMENT: EMERGENCY ROOM

These patients are not real patients and their clinical cases, whilst clinically plausible, are fictional.

Case 35  
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OVERVIEW



<b>CONTEXT</b>		Martin was found by his daughter lying down on the floor of his house with left-sided weakness including facial asymmetry. Martin's daughter called immediately the emergency unit and he was brought to the Hospital.	
<b>BRIEFING</b>		Male, seventy five years old. Obese, high blood pressure, diabetes. Patient was found by his daughter lying down on the floor with a bruise in his left arm and with left hemiparesis, 3 hours ago. Patient was completely asymptomatic 6 hours ago.	
<b>LEARNING OBJECTIVES</b>	<b>GENERAL</b>	Recognize acute stroke;	
	<b>SPECIFIC</b>	Start vital signs vigilance in acute care; Performance of neurological assessments (NIHSS); Blood pressure management in acute stroke; Knowledge of relative and absolute contraindications to alteplase	
<b>PATIENT CHARACTERIZATION</b>		<b>Patient name:</b>	Martin Masterson
		<b>BMI:</b>	31.7 (obesity)
		<b>Weight (kg):</b>	95
		<b>Weight (lb):</b>	209
		<b>Chronic conditions:</b>	Hypertension; Type 2 diabetes.
		<b>Age (years):</b>	75
		<b>Sex:</b>	Male
		<b>Height (cm):</b>	173
		<b>Height (in):</b>	68

Notes: These patients are not real patients and their clinical cases, whilst clinically plausible, are fictional.

ABCDE ASSESSMENT

CATEGORY	PARAMETERS	EVALUATION	PRIORITY
<b>AIRWAY</b>	Breath sounds	Normal	1st Priority
	Airway observation	Clear	1st Priority
<b>BREATHING</b>	Signs of respiratory distress	Normal	1st Priority
	Respiratory rate	12/min	1st Priority
	Chest excursion	Normal	1st Priority
	Chest deformity, raised JVP, chest drains	Normal	1st Priority
	O2 Sat	95%	1st Priority
	Chest percussion	<b>Right:</b> 1R- resonance; 2R- resonance; 3R- resonance; 4R- resonance; 5R- dullness <b>Left:</b> 1L- resonance; 2L- resonance; 3L- superficial cardiac resonance; 4L- superficial cardiac resonance; 5L- resonance	Not a Priority
	Chest palpation	2L- normal; 2R- normal	Not a Priority
	Pulmonary auscultation	Normal	2nd Priority
<b>CIRCULATION</b>	Hands and digits	Pink and warm	1st Priority
	Heart rate	87 bpm	1st Priority
	Peripheral pulses	<b>Carotid-</b> Strong and regular; <b>Radial-</b> Strong and regular, equal on both sides; <b>Femoral-</b> Strong and regular, equal on both sides; <b>Dorsalis pedis-</b> Strong and regular, equal on both sides.	Not a Priority
	Blood pressure	164 / 91 mmHg	1st Priority
	Capillary refill time (CRT)	1.3 seconds	Not a Priority
	Heart auscultation	Normal	2nd Priority
	Urinary output	0.59 mL/kg/h / 56.05 mL/h	2nd Priority
	External hemorrhage (wounds), drains, concealed hemorrhage	No	2nd Priority
<b>DISABILITY</b>	<u>Pupils (size, equality and reaction to light)*</u>	Equal and reactive to light	2nd Priority
	Level of consciousness (Glasgow Coma Scale)	14 (E4-V4-M6)	2nd Priority

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<b>EXPOSURE</b>	Blood Glucose	159 mg/dL / 8.8245 mmol/L	1st Priority
	<i>Full body (front)*</i>	Normal	Not a Priority
	<i>Full body (back)*</i>	Normal	Not a Priority
	Abdomen percussion	<b>6R-</b> tympanic; <b>7R-</b> tympanic; <b>6L-</b> tympanic; <b>7L-</b> tympanic.	Not a Priority
	Abdomen palpation	No rigidity, mild tenderness, no pain. No visceromegaly.	Not a Priority
	Temperature	36.5 °C / 97.7 °F	2nd Priority

\* In the current version of the case, these procedures are not implemented.

### Clinical Information

<b>Source:</b>	<b>Emergency medical team report</b>
<b>Previous medication:</b>	- Takes lisinopril 20 mg daily, metformin 2000 mg daily, aspirin, 100 mg daily.
<b>Other information:</b>	- Left-sided weakness detected 3 hours ago; - Family member informed that patient was seen last time without symptoms 6 hours ago, he was found lying down with a small bruise in the left arm.
<b>Note:</b>	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
<b>Medical condition</b>	-	1	How are you feeling?	I doon't feel muuch the left side of my boody. It seems that I doon't haave much streeentgh on my left side.	-	1st Priority
	After question 1 is asked	2	What happened to you?	I remeember that suddeently, I felt weeaaak on my left siide, and fell, on the flooor.	-	1st Priority
	-	3	Concomitant health conditions?	I have diabeetes and a high blood pressuure, that I know oof.	-	2nd Priority
	-	4	Feeling pain?	Noo, I only doon't haave streengh on the left siide of my boody.	-	1st Priority
	-	5	Diabetes diagnosis?	Yes, my douctor toold me that I haave, after my laast blood teaasts.	-	1st Priority
	-	6	Any recent weight changes?	Noo that I've nooticed. I always have been overweeigh.	-	Not a Priority
	-	7	History of severe illness?	Noou, I never haad any serioous disease in my wholee liife.	-	2nd Priority
	After question 2 is asked	8	Time since symptom onset?	I caan't remeember when I staarted feeling liike this.	-	1st Priority
	-	9	Do you have any allergies?	Noo.	-	2nd Priority
<b>Medication</b>	-	10	Taking any medication?	Yes, I take lisinopriil, metformiin and aspiriin, if I'm riight.	-	1st Priority
	-	11	Medication side-effects present?	Noo, I doon't think soo. I haaveen't been feeliing differeent with my medic aatioon.	-	2nd Priority
<b>Nutrition</b>	-	12	Describe your diet.	I admiit that I'm caare less with what I eeat. I like eeating everything.	-	Not a Priority
	-	13	Last time you ate?	At luunch time.	-	Not a Priority
	-	14	What did you eat last time?	I haad hambuur geers with chiips and a bit of cake, that my wiife maade.	-	Not a Priority
	-	15	Snacks between meals?	Yees, usually I eeat soome thang. I like eeating bread with haam and cheese at teaa tiime.	-	Not a Priority
	-	16	Do you take dietary supplements?	Noo.	-	Not a Priority
<b>Activity</b>	-	17	Have there been changes in appetite?	Noo, I'm eeat aing what I uusually eeaat.	-	Not a Priority
	-	18	How active are you?	Noot reaally. At the weeekaands I oonly go for a smaall waalk with my wiife.	-	Not a Priority
	-	19	What were you doing when you felt ill?	I was in my liiviing room at home, and I was goeing to the kiitchen when I fell down, if I can remeember it riight.	-	2nd Priority

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	-	20	Physical effort at time of event?	I wasn't making big efforts, but actually I was walking from one place to another.	-	Not a Priority
Risk factors	-	21	Recently under stress?	No, I'm no longer working, so I spend much of my time resting at home.	-	2nd Priority
	-	22	Frequency of alcohol consumption?	At lunch time I like having my glass of wine.	-	Not a Priority
	-	23	Do you have high blood pressure?	Yes, I have. I don't know if it's very high, but I have it.	-	2nd Priority
	-	24	High cholesterol present?	My doctor didn't tell me that.	-	2nd Priority
	-	25	Are you a smoker?	No.	-	2nd Priority

**INITIAL SIMULATION CONDITIONS**

CATEGORY	DESIGNATION	COMMENTS
Signs & symptoms	Slurred speech without aphasia	Due to Stroke
	Left sided weakness including facial asymmetry	Due to Stroke
	Hematoma in left arm*	Due to patient fall
Acute conditions at case start	Stroke	-
Parameters at case start:	Blood pressure (mmHg): 164 / 91	
	Heart rate (bpm): 87	
	Respiratory rate (/min): 12	
	O <sub>2</sub> saturation (%): 95	
	Blood glucose (mg/dL): 159	Blood glucose (mmol/L): 8.82
	Temperature (°C): 36.5	Temperature (°F): 98
	Hemoglobin (g/dL): 13.2	
Urinary output (mL/kg/h): 0.59		

Note: \*In the current version of the case, this Sign & symptom is not implemented yet.

**SEQUENCING OF CLINICAL CONDITIONS**

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

SIMULATION TIME (MIN)	EVENT
0	Initial conditions: - Right ischemic embolic stroke
1	
2	
3	
4	
5	
6	
7	- Right ischemic embolic stroke causes Severe Right ischemic embolic stroke
8	
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### EXAMINATION PROCEDURES

Examination procedures relevant for the case with detailed results:

CATEGORY	TEST NAME	RESULT DESCRIPTION		
Physical exam	Glasgow coma scale	<b>HEALTH CONDITIONS</b>	<b>TEST</b>	<b>RESULT</b>
		ISCHEMIC EMBOLIC RIGHT STROKE OR NO STROKE	Eye opening	4 - Spontaneous
			Verbal response	4 - Confused
			Motor response	6 - Obey commands
			<b>Total result</b>	14 - Mild impairment of consciousness
		<b>HEALTH CONDITIONS</b>	<b>TEST</b>	<b>RESULT</b>
		SEVERE ISCHEMIC EMBOLIC RIGHT STROKE	Eye opening	3 - To sound
			Verbal response	3 - Words
			Motor response	5 - Localizing
			<b>Total result</b>	11 - Moderate impairment of consciousness
		<b>HEALTH CONDITIONS</b>	<b>TEST</b>	<b>RESULT</b>
		AFTER ALTEPLASE	Eye opening	4 - Spontaneous
Verbal response	5 - Oriented			
Motor response	6 - Obey commands			
<b>Total result</b>	15 - No impairment of consciousness			

### DIAGNOSTIC STRATEGIES

Complementary strategies for diagnosis relevant for the case:

CATEGORY	TEST NAME	RESULT DESCRIPTION	PRIORITY	
Imaging	Carotid Doppler Ultrasound	Right ICA stenosis	2nd Priority	
	Echocardiogram, TE	Dilated Cardiomyopathy of left atria	Not a Priority	
	Head CT	No visible parenchymal lesions. Spontaneous hyperdensity in the right MCA	1st Priority	
	Cerebral angio CT	Occlusion of M2 segment of right MCA	1st Priority	
	Cerebral perfusion CT	Mismatch in the right MCA territory	1st Priority	
	Transcranial doppler	M1 Right Occlusion	2nd Priority	
Lab tests	Biochemistry	High glycemia value; no other significant alterations	2nd Priority	
	Complete blood count	No significant alterations	2nd Priority	
	Coagulation Tests	No significant alterations	2nd Priority	
Electrophysiology	12-Lead ECG	No significant alterations	2nd Priority	
Decision aids	Stroke Scale (NIHSS)	<b>HEALTH CONDITIONS</b>	<b>TEST</b>	<b>RESULT</b>
			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
			1.b- LOC- Questions (month and age) 0- Both correct; 1- one correct; 2- none correct.	0 - Both 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
			2- Best gaze (Only horizontal eye movements, voluntary or reflexive) 0- Normal; 1- partial gaze palsy; 2- forced deviation.	1 - Partial gaze palsy
			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).	0 - No visual loss
			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 - Left side partial paralysis

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ISCHEMIC EMBOLIC RIGHT STROKE OR NO STROKE	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.	0 - No drift
	5.b- Motor Left Arm (10" sitting at 90°, supine at 45°)	3 - No effort against gravity, limb falls
	6.a- Motor Right Leg (5" lying at 30°)	0 - No drift
	6.b- Motor Left Leg (5" lying at 30°)	1 - Drift, drifts does not hit bed
	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.	0 - No 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.	1 - Mild to moderate dysarthria
	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 - Profound hemi-inattention or extinction to more than one modality
	<b>Total</b>	12 - Moderate stroke
	<b>HEALTH CONDITIONS</b>	<b>TEST</b>
SEVERE ISCHEMIC EMBOLIC RIGHT STROKE OR ALTEPLASE OVERDOSE	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.	1 - Not Alert; but arousable by minor 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
	2- Best gaze (Only horizontal eye movements, voluntary or reflexive) 0- 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.	2 - Left side partial 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.	0 - No drift
	5.b- Motor Left Arm (10" sitting at 90°, supine at 45°)	4 - No movement
	6.a- Motor Right Leg (5" lying at 30°)	0 - No drift
	6.b- Motor Left Leg (5" lying at 30°)	4 - No movement
	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	

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	<p>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.</p>	0 - No aphasia	1st Priority
	<p>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.</p>	2 - Severe dysarthria; Mute/anarthric	
	<p>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.</p>	0 - No abnormality	
	<b>Total</b>	23 - Severe stroke	
	<b>HEALTH CONDITIONS</b>	<b>TEST</b>	<b>RESULT</b>
	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
	1.b- LOC- Questions (month and age) 0- Both correct; 1- one correct; 2- none correct.		0 - Both 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
	2- Best gaze (Only horizontal eye movements, voluntary or reflexive) 0- Normal; 1- partial gaze palsy; 2- forced deviation.		0 - Normal
	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).		0 - No visual loss
	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.		1 - Left side minor 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.		0 - No drift
AFTER ALTEPLASE	5.b- Motor Left Arm (10" sitting at 90°, supine at 45°)		2 - Some effort against gravity; Drifts down to bed
	6.a- Motor Right Leg (5" lying at 30°)		0 - No drift
	6.b- Motor Left Leg (5" lying at 30°)		1 - Drift, drifts does not hit bed
	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).		1 - Mild to moderate 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.		0 - No 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.		1 - Mild to moderate dysarthria
	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.		0 - No abnormality
	<b>Total</b>		6 - Moderate stroke
	<b>HEALTH CONDITIONS</b>	<b>TEST</b>	<b>RESULT</b>



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AFTER THROMBECTOMY	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
	1.b- LOC- Questions (month and age) 0- Both correct; 1- one correct; 2- none correct.	0 - Both 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
	2- Best gaze (Only horizontal eye movements, voluntary or reflexive) 0- Normal; 1- partial gaze palsy; 2- forced deviation.	0 - Normal
	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).	0 - No visual loss
	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.	1 - Left side minor 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.	0 - No drift
	5.b- Motor Left Arm (10" sitting at 90°, supine at 45°)	1 - Drift, drifts does not hit bed
	6.a- Motor Right Leg (5" lying at 30°)	0 - No drift
	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).	1 - Mild to moderate 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.	0 - No 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.	1 - Mild to moderate dysarthria	
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.	0 - No abnormality	
<b>Total</b>	4 - Minor stroke	

Notes: CT = computed tomography; TE = transesophageal; NIHSS = National Institutes of Health Stroke Scale  
\*In the current application version, these tests are not implemented yet.

TREATMENT / INTERVENTION OPTIONS

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

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.

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).

To treat:	TYPE	CATEGORY	DESIGNATION	DOSE	UNIT	ROUTE OF ADMINISTRATION	PRIORITY
ISCHEMIC EMBOLIC RIGHT STROKE / SEVERE ISCHEMIC EMBOLIC RIGHT STROKE	MEDICATION	FIBRINOLYTIC	Alteplase	0.9 mg/kg=85.5 mg	-	-	1st Priority
				10% of dose=8.6 mg	mg	IV bolus	
				90% of dose=77 mg	mg	IV over 1 hour	
	TYPE		DESCRIPTION				PRIORITY
			Call stroke unit*			The stroke unit is notified.	1st Priority



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	<b>CALL</b>	Interventional Neuroradiologist	Thrombectomy - right MCA occlusion	<b>1st Priority</b>
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**Note:** \*For success solving the case, Call Stroke unit intervention, is an optional intervention.

To treat:	TYPE	CATEGORY	DESIGNATION	DOSE	UNIT	ROUTE OF ADMINISTRATION	PRIORITY
<b>OXYGENATION</b>	INTERVENTION	OXYGEN	Nasal cannula	-	-	-	2nd Priority
	INTERVENTION	OXYGEN	High flow mask	40	%	-	2nd Priority

### ENDING MESSAGES

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

TYPE	CONDITIONAL	MESSAGE
<b>Success</b>	Treat the patients conditions according to guidelines	Congratulations, your practice meets the guidelines' requirements.
<b>Failure</b>	Administer alteplase overdose	The patient suffered a severe intracranial hemorrhage, and underwent emergency neurosurgery. Recovered with severe permanent disability.

### 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 venous thrombosis
	Epileptic crisis	
	Arteriovenous malformation	

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