STROKE: WHAT’S NEW?

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OBJECTIVES:

• Learn latest Stroke updates

• Recognize “Time is Brain”

• Key Points Pre-Hospital

• Think “BE FAST”
WHAT'S NEW THIS YEAR?
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WATCHING THE CLOCK
By AMERICAN HEART ASSOCIATION NEWS

Under new treatment guidelines, people having mild strokes can now be considered for a medication given within several hours to help dissolve a clot. Clot-snaring devices can also now be used up to 24 hours after the start of a stroke in some patients with clots blocking a large vessel in the brain.

0 MINUTES
Onset of stroke symptoms

WITHIN 3-4½ HOURS
Clot-dissolving drug alteplase for mild and severe strokes

WITHIN 6-24 HOURS
Mechanical thrombectomy with stent retrievers for large-vessel clots

Source: American Heart Association/American Stroke Association
Published: Jan. 24, 2018
FRONT OF MIND:

➢ Most Important:
  ➢ Determine time of onset
    ➢ When was the patient last KNOWN well?
    ➢ Med List – Any anticoagulants?
  ➢ Primary Goals for First Responders:
    ➢ Load and Go
    ➢ Know Signs and Symptoms
    ➢ Call Ahead
      ➢ ED will be ready
      ➢ Directly to CT scanner
    ➢ Work as part of the team
  ➢ Transport Quickly to Stroke Center
STROKE CENTERS:

• Three Types:
  • Acute Stroke Ready
    • Can give TPA & Transport
  • Primary Stroke Center
    • Can give TPA & Keep Pt.
  • Comprehensive Stroke Center:
    • Can provide endovascular treatment

• Stroke Centers: 26 in Wisconsin
  • 3 Comprehensive:
    • UW Health
    • Froedert
    • St. Luke’s
REMEMBER TO “BE FAST”

- B: Balance Lost
- E: Eyes: Vision Difficulty
- F: Face Drooping
- A: Arm Weakness
- S: Speech Difficulty
- T: Time to call 9-1-1
REMINDERS:

 Longer time since symptom onset:

• Worse Outcome
• Increased Risks

Key:

• Transport ASAP to Stroke Center
• Transporting: doesn’t mean patient will receive TPA or even be a candidate.
• Transporting: essential to get the patient to earlier assessment and possible treatment.
STROKE: OVERVIEW 2018
POWTOON: KEY POINTS:

• Basics:
  • Brain imaging: Scan within 20 min. of arrival
  • Goal: 60 min or less door-to-needle time
  • From Onset:
    • Alteplase: within 3 hours and in select patients up to 4 ½ hours
    • Thrombectomy: w/in 24 hrs.
BP Management:

• **Overall:** Do Not Treat blood pressure unless > 220/120

• Need CT scan to determine if there is a hemorrhage
KEY TAKE-AWAYS:
EMT, PARAMEDIC, RN PRE-HOSPITAL/ED & RN INPATIENT

• EMT: Paramedic:
  • Quick Transport: Time Is Brain!
  • Correctly establish the last known well time.
  • Call ahead to the ED
  • Work as part of the team

• Pre-Hospital/ED RN & Inpatient RN:
  • Time is BRAIN!
  • Know signs & symptoms
  • Recognize changes
  • Work as a team

• ALL: Always “Be FAST”
Questions?

You have Questions

We have Answers
REFERENCES


• UWHealth.Org/stroke

• Nicole Bennett, MSN, CNS, Stroke Program Coordinator. nbennett@uwhealth.org

• Christine M. Whelley, MSN, RN, FNP-BC, CNRN, SCRN. cwhelley@uwhealth.org