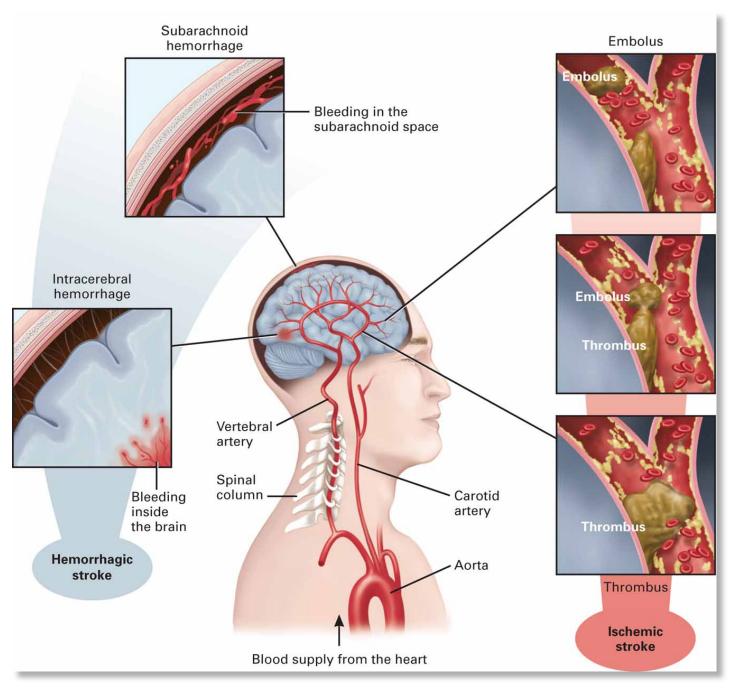


Stroke

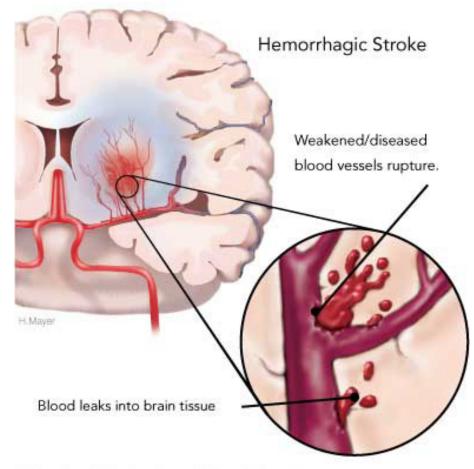
Pathophysiology

- Ischemic Stroke
- HemorrhagicStroke



Pathophysiology

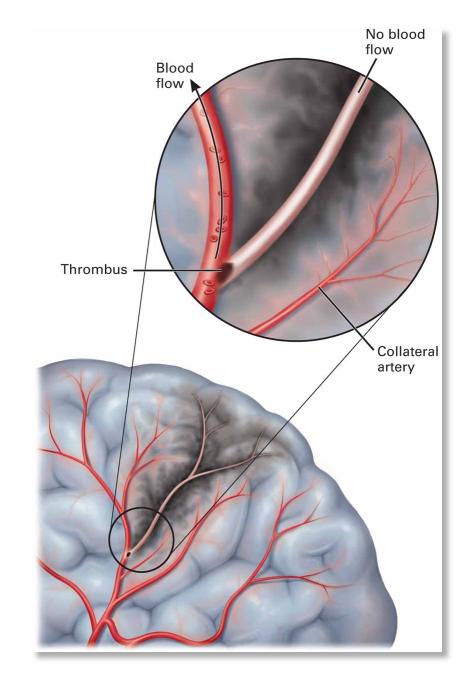
- Blood vessel ruptures
- Bleeding into brain
- Tissue ischemia develops
- Infarct follows
- S/S of TICP



© Heart and Stroke Foundation of Canada

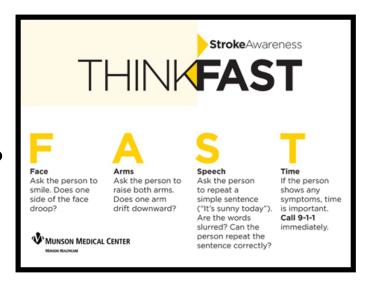
Pathophysiology

- Blood vessel becomes occluded
- Distal blood flow reduced
- Tissue becomes ischemic
- Infarction will follow



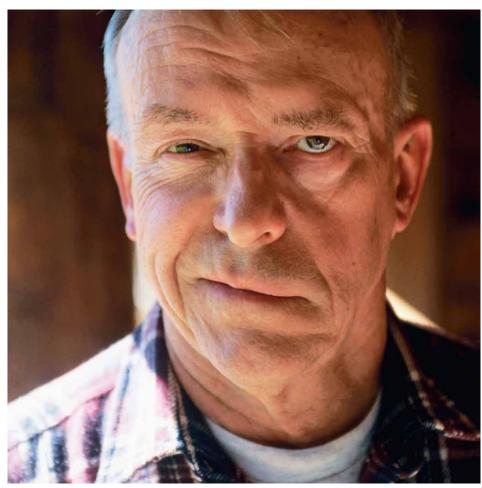
Clinical Assessment

- Cincinnati Prehospital Stroke Scale
 - -Assesses:
 - Symmetry of facial muscles
 - -is facial droop present?
 - Ability to articulate speech
 - -is patient slurring their speech?
 - Arm strength
 - -is arm drift present?



Facial Droop?



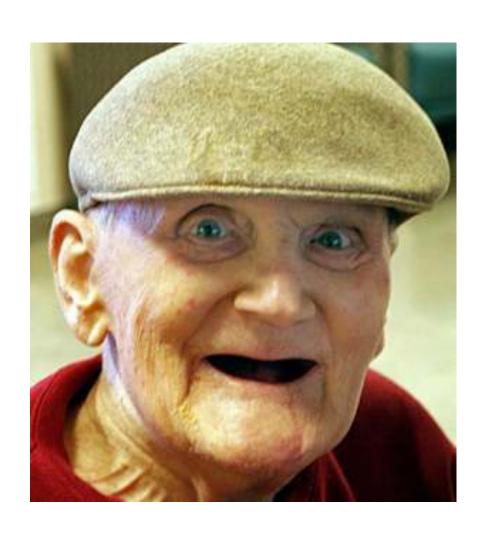


Arm Drift?



Slurred Speech?

- "You can't teach an old dog new tricks"
- Or whatever!



Signs and Symptoms

GENERAL SIGNS AND SYMPTOMS OF STROKE

Decreased consciousness.

Severe headache.

Drooping eyelid and mouth on one side of face.

Paralysis or weakness on one or both sides of the body.

Arm drift.

Loss of bowel or bladder control.



Loss of vision, dimness, or double vision.

Difficulty speaking or slurred speech.

Inability to speak.

Nausea or vomiting.

Sudden weakness or paralysis of face, arm, or leg.

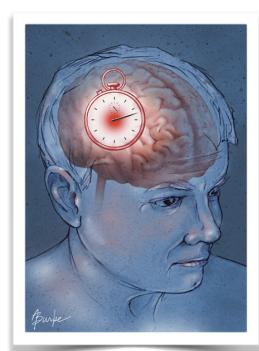
Possible seizures.

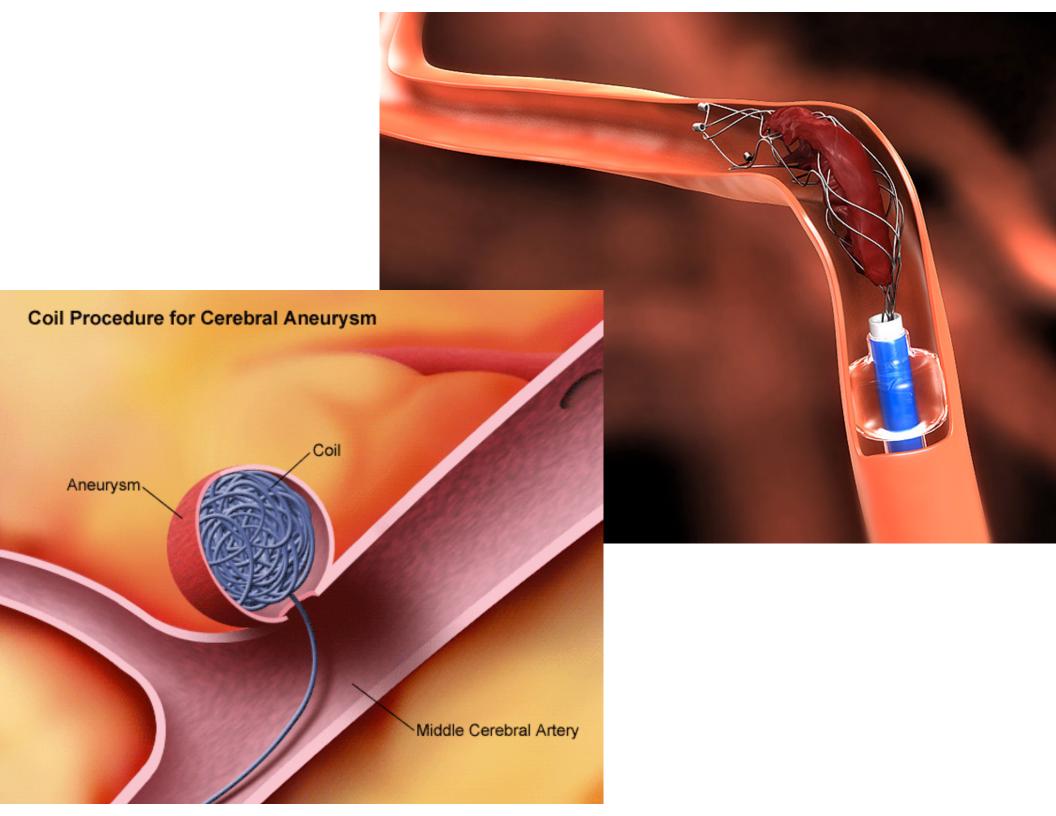


Time of onset very important!

When was the patient last seen normal?

Time is brain!





Treatment

- Airway
- Breathing
 - -oxygen
- Proper positioning
- Check glucose level, if possible
- Protect paralyzed extremities
- Rapid transport to Stroke Center

Quick Case 1

48 y/o M presents unconscious with snoring respirations. Wife states he c/o acute onset of headache, lost consciousness, and had a brief seizure. PMH = HTN controlled with metoprolol. VS: HR = 62 regular, BP = 184/132, RR = 6 shallow, SpO₂ = 88% on RA.

Quick Case 2

 62 y/o F presents CAO in NAD c/o weakness. Pt describes difficulty ambulating around home, almost falling numerous times. PE reveals R side weakness and slight facial droop. PMH = atrial fibrillation. Meds = diltiazem, warfarin. VS: HR = 72 irregular, BP = 132/88, RR = 18 good TV, $SpO_2 = 97\%$ RA.

AEIOU-TIPS

- Alcohol, anoxia
- Endocrine, Electrolytes, Epilepsy
- Insulin (diabetes)
- Overdose, oxygen
- Uremia

AEIOU-TIPS

- Toxidromes, Trauma, Temperature
- Infection
- Psych
- Space occupying lesion, Stroke, Sepsis