

CASE PRESENTATION

PREHOSPITAL CARE REPORT



Dispatched: 08:09:2

Enroute: 08:10:2

On Scene: 08:22:1

At Patient Side: 08:23:0

CASE PRESENTATION

TRANSFER OF CARE



To Hospital: 08:43:50

At Hospital: 08:56:53

Available: 09:36:00

EMS- HPI

Acute onset mouth difficulty speaking, provoked by nothing with severity 10 on scale of 10.

52-yr-old male lives at home. Med hx: HTN & asthma. Pt. awoke in am w/o any discomfort pain or medical conditions.

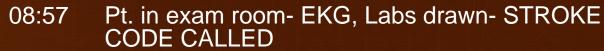
08:09 symptoms started as stated above: 911 activated.

<u>08:22</u> EMS arrived to find pt. on edge of his bed with ABC's intact, but unable to formulate words. Pt. did have snoring respirations while seated upright, slight rt. facial droop, expressive aphasia, and mild rt. arm weakness. BG 124. BP 162/120, Pulse 100,

Glasgow Coma Scale: Eyes: 4, Verbal: 2, Motor: 6, Total: 12 Stroke Scale- Right facial droop, Rt. arm drift, Aphasic- speech Pain Scale: 0/10







09:07 To CT- 1st slice

09:09 Last CT slice

09:12 CT report to ED MD- no hemorrhage. EKG- normal. Blood work- normal.

09:20 Back to room from CT. Stroke Coordinator evaluating pt. MDs considering tPA Neurologist arrives. Pt. weighed for tPA administration.

Other Medical Hx: sleep apnea, hyperlipidemia, HTN.

BP: 199/137, Pulse 100, Resp: 18. Cranial nervesexpressive aphasia, gag reflex- diminished, rt. facial droop, rt. eye: no movement. Left- visual fields are intact and EOM's intact. Right (arm/leg) 4/5 motor, Left (arm/leg)- 5/5.

NIH STROKE SCALE?



NIH STROKE SCALE

1.a. Level of Consciousness	0 Alert
	 Not alert, but arousable with minimal stimulation.
	Not alert, requires repeated stimulation to attend.
SCORE	3 Coma
1.b. Ask patient the month and their age:	O Answers both correctly
SCORE	1 Answers one correctly 2 Both incorrect
1.c. Ask patient to open and close eyes	
1.c. Ask patient to open and crose eyes	Obeys both correctly Obeys one correctly
SCORE	2 Both incorrect
2. Best gaze (only horizontal eye movement):	0 Normal
	1 Partial gaze palsy
SCORE	2 Forced deviation
3. Visual Field testing:	No visual field loss
	1 Partial hemianopia
COOPE	Complete hemianopia Pilotect hemianopia
SCORE	3 Bilateral hemianopia (blind including cortical blindness)
 Facial Paresis (Ask patient to show teeth or raise eyebrows and close eyes tightly): 	Normal symmetrical movement Minor paralysis (flattened nasolabial fold, asymmetry on smiling)
eyectows and cause eyes againty).	Partial paralysis (total or near total paralysis of lower face)
	Complete paralysis of one or both sides (absence of facial movement in the
SCORE:	upper and lower face)
Motor Function - Arm (right and left):	 Normal (extends arms 90 (or 45) degrees for 10 seconds without drift)
Right arm	1 Drift
Left arm	2 Some effort against gravity
	No effort against gravity No movement
SCORE Do Not Include Untestable Score	X Untestable (Joint fused or limb amputated)
6. Motor Function - Leg (right and left):	Normal (hold leg 30 degrees position for 5 seconds)
Right leg	1 Drift
Left leg	2 Some effort against gravity
	3 No effort against gravity
GOODE De Net Industrial Comme	4 No movement
SCORE Do Not Include Untestable Score	X Untestable (Joint fused or limb amputated)
7. Limb Ataxia	O No ataxia Present in one timb
SCORE	2 Present in two limbs
8. Sensory (Use pinprick to test arms, legs,	0 Normal
trunk and face compare side to side)	Mild to moderate decrease in sensation
SCORE	2 Severe to total sensory loss
9. Best Language (describe picture, name items, read	0 No aphasia
sentences)	Mild to moderate aphasia
accept.	2 Severe aphasia
SCORE	3 Mute
10. Dysarthria (read several words)	Normal articulation Mild to moderate slurring of words
	Near unintelligible or unable to speak
SCORE	9 Intubated or other physical barrier
11. Extinction and inattention	0 Normal
	1 Inattention or extinction to bilateral simultaneous stimulation in one of the
	sensory modalities
	2 Severe hemi-inattention or hemi-inattention to more than one modality

TOTAL SCORE:	
RATER NAME:	Date:



NIH STROKE SCALE

= 5

At Hospital - ED

Inclusion/Exclusion criteria reviewed for tPA administration no exclusions noted.



09:45 tPA- bolus administered

10:20 Able to state "I'm ATM Dad"

10:40 Speech continues to improve-

full sentences

11:15 Speech therapist arrives- ED

pt. back to baseline except

for some complex phrases.

12:00 Transported to MRI

CT SCAN

MRI SCAN C128 W256 MRI SCAN R ₩256





FOLLOW-UP

- Pt. underwent a sleep study + for sleep apnea now using a CPAP machine
- Seeing Internist regularly for BP monitoring.
- On statin for cholesterol
- Exercising daily
- No recurrence of symptoms, doing well!!



Questions?



GREAT JOB EVERYONE!