



**A STROKE CASE SCENERIO**  
**KAISER PERMANENTE - SOUTH SAN FRANCISCO**  
**ASTRID BLOCK, CNS**



# PRE-HOSPITAL

- ❑ A 80 year-old female with past medical history of hyperlipidemia, hypertension and asthma collapsed while eating dinner @ 19:30 P.M.
- ❑ Son reported patient had left facial droop, altered speech and right arm weakness about 30 minutes prior to eating dinner.
- ❑ Son called 911, and patient was transported to Kaiser South San Francisco @ 21:20 P.M as code 3.



- ❑ Upon arrival in ED, patient was agitated and Restless.
  - Initial general examination was not remarkable.
    - Finger stick glucose: 126 mg/dL
    - Blood pressure was 139/58 mm Hg
  - National Institutes of Health Stroke Scale (NIHSS) score was 12.



- The following diagnostic tests and labs were completed within 45 minutes of MD order time:
- Non – Contrast Head CT Scan
- Stroke Lab Panel:
  - Chem 7
  - CBC with Differential
  - PT/INR
- ECG
- CXR

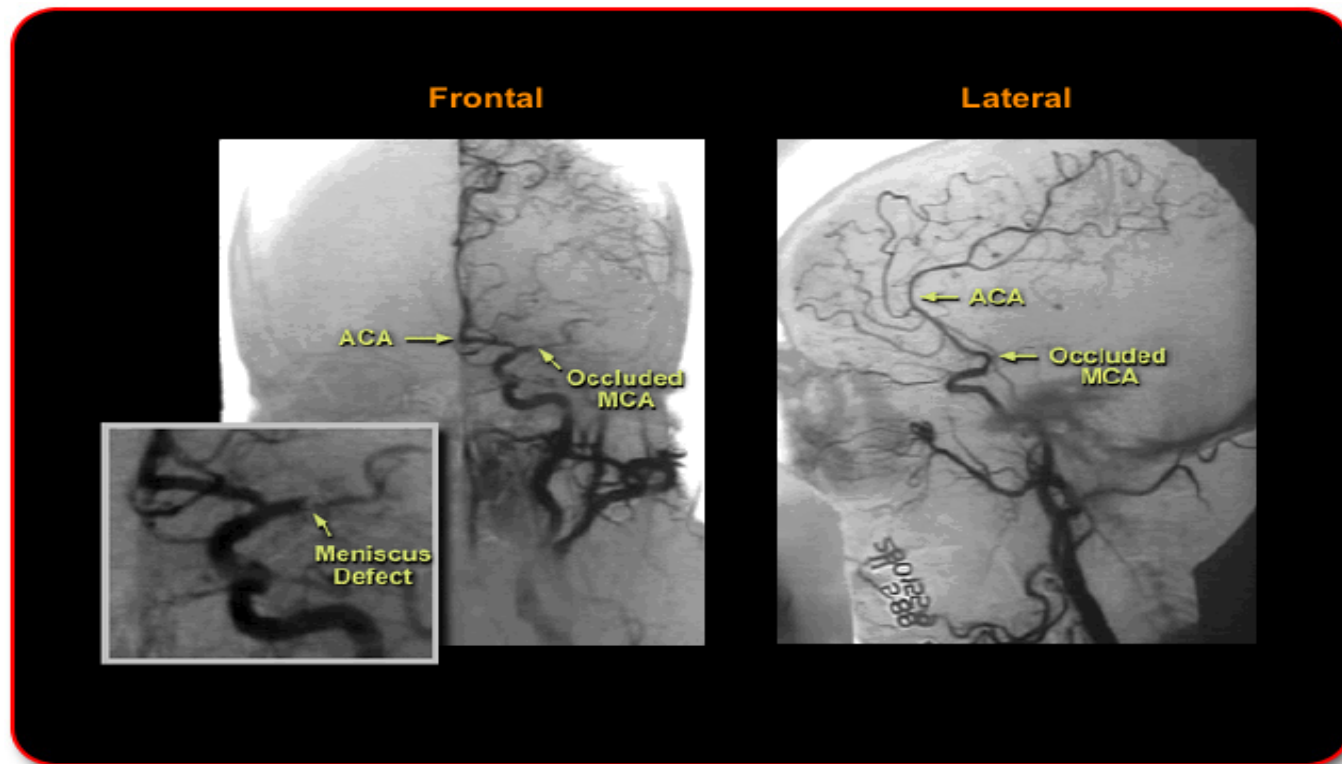


# Tissue Plasminogen Activator (t-PA)

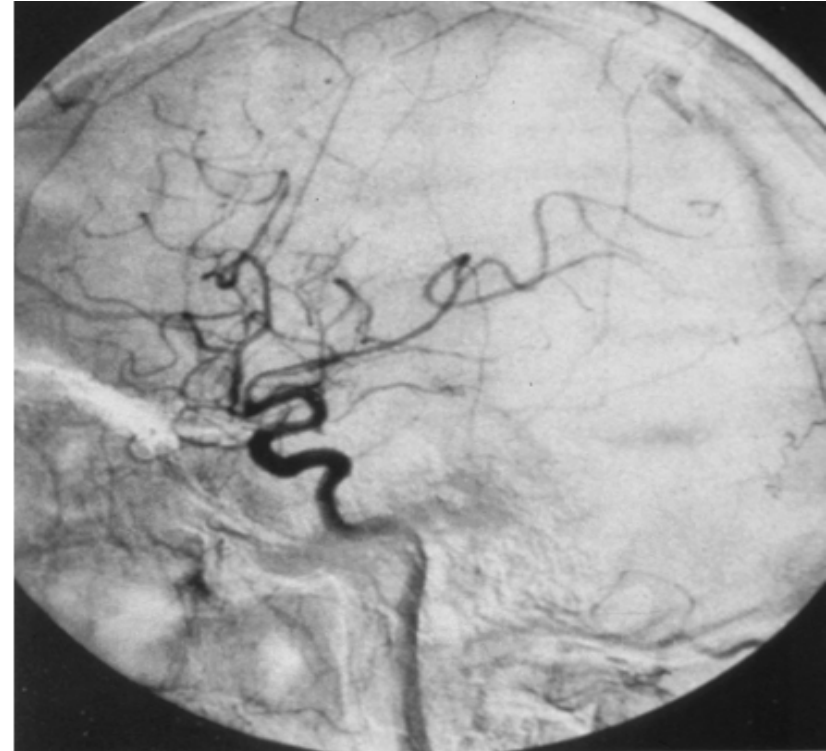
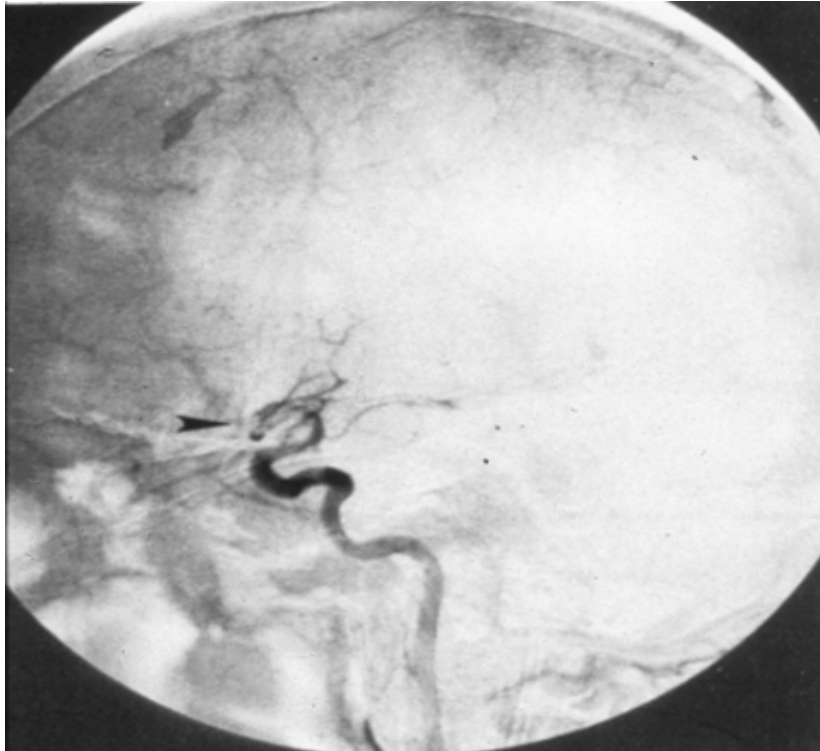
- ❑ Non-Contrast CT of the head results indicated no acute bleed and chronic microvascular ischemic changes.
- ❑ t-PA was administered within 3 hours of onset of signs and symptoms.
- ❑ Patient was discharged within one week.



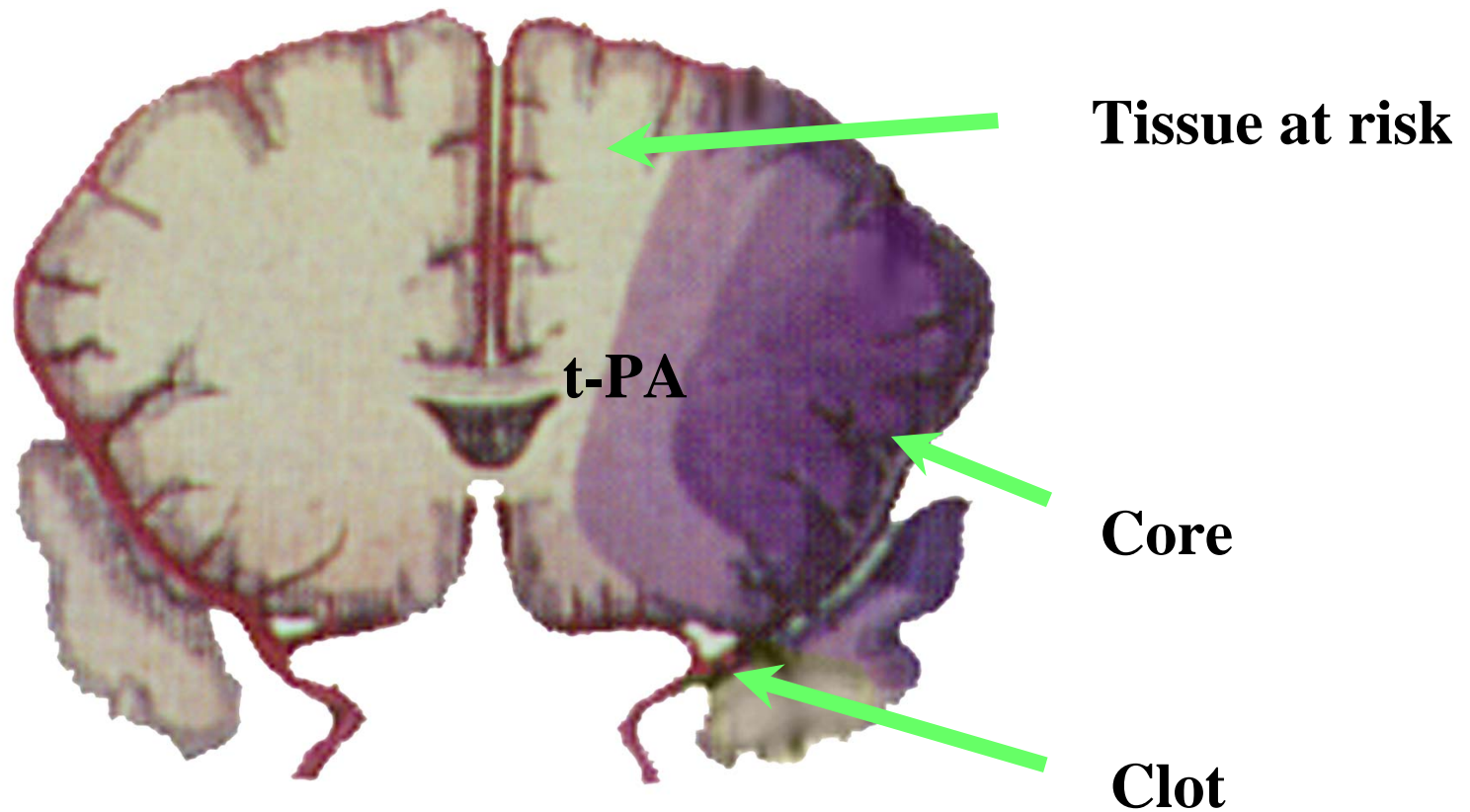
# ACUTE THROMBUS FORMATION



# THROMBOLYSIS (t-PA)



# Saving “Tissue at Risk”





# Questions?

