

## **Alabama Stroke Care 2013 and Beyond**

**Satellite Conference and Live Webcast  
Monday, April 29, 2013  
10:00 a.m. – 12:00 p.m. Central Time**

**Produced by the Alabama Department of Public Health  
Video Communications and Distance Learning Division**

## **Faculty**

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## **Stroke Facts**

- **A leading cause of death in the U.S.**
- **795,000 Americans suffer strokes each year**
- **134,000 deaths each year**
  - **From 1996 to 2006, the stroke death rate fell 34% and number of deaths fell by 18%**
- **6,400,000 stroke survivors**

## **Stroke Facts**

- **A leading cause of adult disability**
- **Up to 80% of all strokes are preventable through risk factor management**
- **On average, someone suffers a stroke every 40 seconds in America**

## **Harrison's Textbook: 1954**

## **Stroke Treatment: 1954**

**"There is no very satisfactory medical treatment for the cerebral lesion. Gilbert and de Takata recommend blocking the cervical sympathetic trunk with procaine on the side of the lesion in an effort to relieve the collateral stasis, vasoparalysis, and edema which accompany the vascular insult. If the diagnosis of cerebral thrombosis or embolism can be established with reasonable certainty, anticoagulants may be of value in preventing the spread of the vascular lesion. The increased intracranial pressure which often accompanies an intracerebral or subarachnoid hemorrhage can be treated by removal of fluid by lumbar puncture or by the administration of hypertonic solutions by vein or by rectum. Care should be taken not to dehydrate the patient excessively."**

### **The Old Way**

- The patient has stroke symptoms at home
- Family member casually brings them to the hospital, likely by private vehicle
- They would be placed in a non-urgent ER bed for routine admission

### **The Old Way**

- Routine blood work and EKG performed
  - No CT until the next day
    - No CT tech in house
- Primary MD notified and patient is rounded on the next day
- Orders for diet and meds written

### **The Old Way**

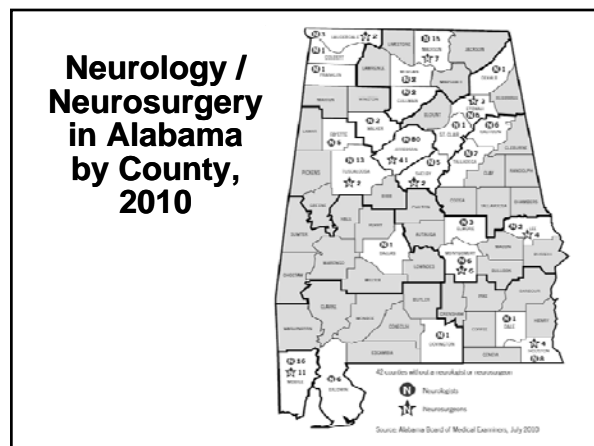
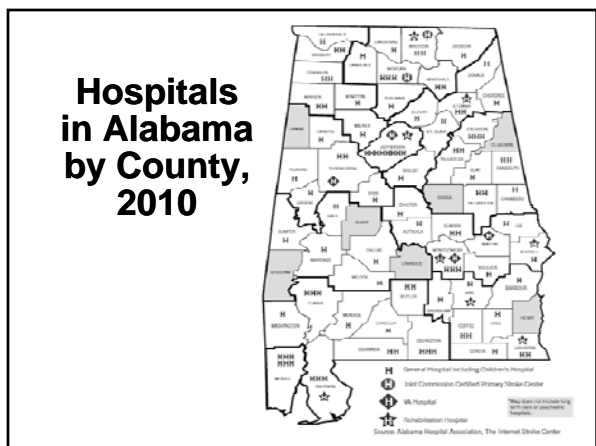
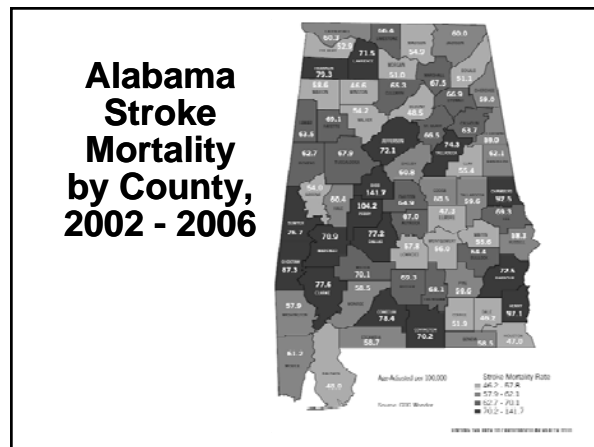
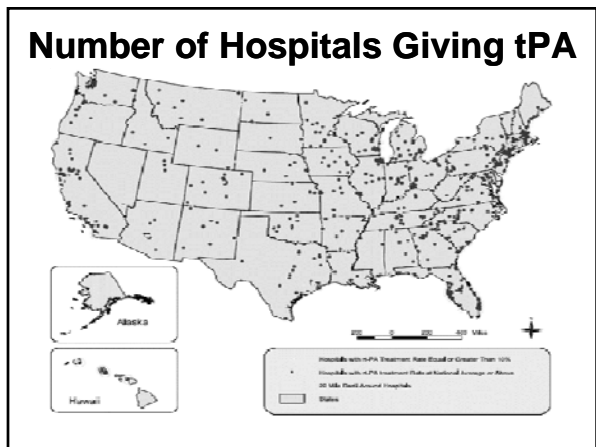
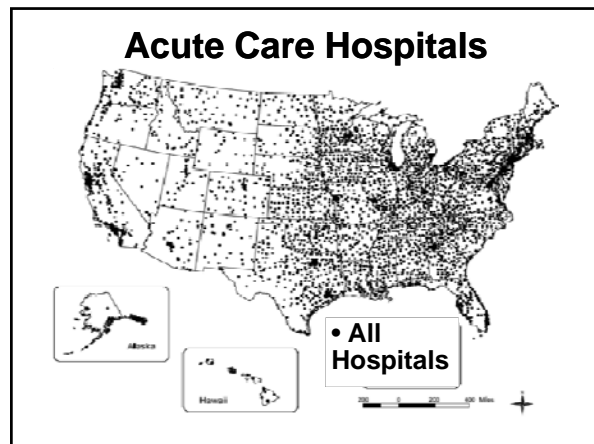
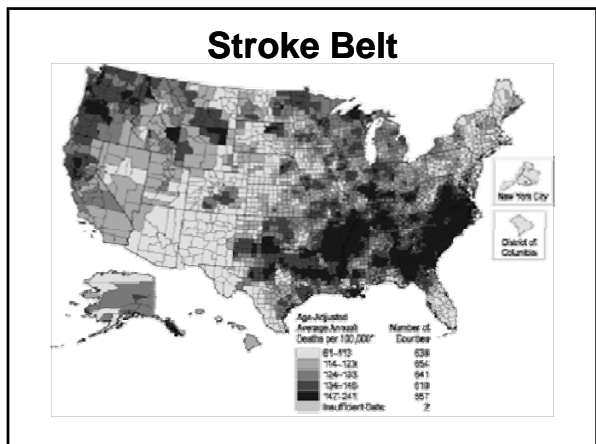
- Patient discharged to nursing home, in the same or worse condition, with basically “palliative care” recommendations

### **A New Era: 1995**

### **Time Is Brain**

### **Barriers to Care**

- Medical experience and fear of tPA
- Patient naivete
- Lack of stroke systems of care
- Lack of trained personnel
- Lack of neurologists generally and those who cover ERs specifically



### **Solutions**

- Promote public and professional awareness
- Develop Stroke Systems of Care which include:
  - Develop Acute Stroke Ready Hospitals and Primary and Comprehensive Stroke Centers
  - Develop Telestroke / Teleneurology Call Coverage Solutions

### **The New Way**

- The patient has symptoms at home
- The family member calls 911
- EMS is activated and they transport the patient to the nearest State Certified Stroke Hospital
  - Levels I, II, or III

### **The New Way**

- A “stroke alert” or “code stroke” is called at the receiving hospital and the patient has an immediate CT scan of the brain upon arrival to the hospital
- BP and blood sugars are treated and consideration for tPA is given
- tPA administered in appropriate cases

### **The New Way**

- The patient is admitted or transferred to the appropriate facility for post tPA care
- Aggressive stroke care initiated with physical and speech therapy and consideration of rehabilitation options

### **The New Way**

- Aggressive medication adjustments and risk factor modification and education given
- The patient is discharged to home or rehabilitation with improvement!