Before, During and After: The BIG picture of care for our stroke patients

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Not so long ago pre-hospital stroke care consisted of little more than O₂, IV and transport to the E.D. In-hospital treatment consisted primarily of therapy to help patients manage their disabilities. In 1996 thrombolytics were approved for use, ushering in the era of modern stroke care. This program will show you common stroke imitators, differentiation between types of strokes, new treatments like IA thrombolytics, stroke scales and care pathways, and how EMS can make a difference.

An emergency responder for twenty years with career and volunteer fire departments, public and private emergency medical services and hospital based healthcare, Rom Duckworth is an internationally recognized speaker, firefighter, paramedic and educator. Rom is currently a career Fire Lieutenant, EMS Coordinator and an American Heart Association National Faculty. Visit Rom at [www.romduckworth.com](http://www.romduckworth.com).

After attending this session, the learner will be able to:
1) Recall the function and requirements of a Primary Stroke Center.
2) Discuss the pathophysiology and differentiation of anterior, posterior and venous strokes.
3) Recall the role of the EMS provider in comprehensive stroke care.

Content Outline:
1. Basic Stroke Signs and Symptoms
2. Stroke Center Guidelines
   a. AHA
   b. Brain Attack Coalition
   c. JAHCO
3. Anatomy of a stroke
4. Stroke Classification
5. In-Hospital Stroke Scales
6. Care Pathways
7. IV TPA vs IA thrombolytics
   d. Time Frame
   e. Severity of Stroke (NIH SS >10)
   f. Dosage and Side Effects
8. Stroke Rehab
9. Pre-Hospital Stroke Scales (what the mind does not know, the eye does not see)
10. Stoke Imitators
11. What can EMS do to help?
12. Stroke in the young (under 40) (incl. overall risk factors)
13. Q&A