Faculty Overview: Stroke Scenario 2

A 76 year-old Caucasian female was admitted to hospital because of abdominal pain two days ago. The patient suddenly developed right-sided weakness with loss of speech around 9 p.m. The patient mumbled and presented right arm and leg weakness with right facial drooping. When the nursing staff checked her vital signs at 8:30 pm, the patient was normal. The rapid response team initiated the Code Stroke at 9:03 pm. Initial NIHSS was 24.

Past Medical History:
-Hypertension > 20 years
-Diabetes for 10 years
-Hyperlipidemia for 10 years

Medications:
-Atenolol
-Metformin
-Atorvastatin

Family medical history: hypertension and coronary artery disease

Occupation: retired school teacher, married, with four children

Physical Exam:
Bp 135/85 mmHg, PR 82, RR 16, T 98.9, Weight 60 kg
HEENT: unremarkable
Neck: no bruits
Heart: grade II systolic murmur at aortic area, irregularly, irregular
Abdomen: soft, non-distended
Extremities: intact dorsalis pedis pulse

The abbreviated neurologic examination showed obtunded mental status, gaze preference to left, decreased response to menacing stimuli on the right, global aphasia with right hemiplegic and right hemisensory deficit.

Blood glucose was 120 mg. The STAT no contrast head CT was done at 9:20 pm. The CBC and coagulation test was within normal limit. The head CT scan was negative for hemorrhage.

The patient was deemed a candidate for IV TPA, TPA was ordered and arrangements made for transfer to MICU. While the TPA order was being filled in the pharmacy, the daughter located the patient's medication list. It was discovered that Dabigatran had been prescribed for paroxysmal atrial fibrillation, and the TPA order was cancelled.