

Faculty Overview: Stroke Scenario 1

Pt 74 year-old, right-handed, African American male who was admitted to Outpatient Surgery for an elective inguinal hernia operation. While waiting for transfer to holding, the patient told the nurse, " I cannot move my left arm and leg".

The patient was watching the TV in the OPS room when he felt some heaviness and numbness in his left arm. He ignored it. When he tried to sit up to retrieve his cell phone, he suddenly could not lift his left arm and could not use his left hand. His left leg was felt weak. His wife noticed that his face was drooping and his speech was slurred, and notified the nurse at 8:30 a.m.

His wife reports that he complained of vision loss in his right eye two days ago. He described that his vision became black from the top as if there was a black drape. The episode lasted about two minutes and resolved spontaneously. He did not complain of headache, eye pain, or weakness of arm and leg at that time. He had three similar episodes after the first event.

Past Medical History:

- hypertension for more than 30 years
- diabetes for 20 years
- hyperlipidemia for 10 years

Family History: Hypertension and coronary artery disease

Social History:

- smoked since 18 years of age

Occupation: retired truck driver . Married with six children

Medications:

Lisinopril
Metformin
Atorvastatin

The STAT no contrast head CT was performed at 8:45 a.m. The blood glucose, CBC and coagulation test results were within normal limits. The head CT was negative for hemorrhage.

Physical Exam:

Vital Signs: BP 160/75 mmHg, PR 75 , RR 16, T 98.9, Weight 90 Kg

HEENT: unremarkable.

Neck: bilateral bruits

Heart: grade II systolic murmur at aortic area, regular rate

Abdomen: soft, non-distended

Extremities: decreased dorsalis pedis pulse

Abbreviated neurologic exam: slightly drowsy, gaze preference to right, decreased response to menacing stimuli on the left, dysarthria with left hemiplegic and left hemisensory deficit

Patient was deemed a candidate for IV TPA, orders were sent to the pharmacy, and scenario ends as arrangements are made for transfer to MICU.