



ACUTE STROKE AND THROMBOLYSIS

Dr Kylie A Butcherine MBBS Hons
FRACP

General Physician and
Geriatrician

Lead Stroke Physician

Southland District Hospital



AIMS OF ACUTE STROKE CARE

Preserve life

Limit neurological damage

Prevent complications

PRESERVE LIFE

22 strokes every day across New Zealand

3rd commonest cause of death

Mortality at 30 days

- 11% ischaemic strokes
- 30% haemorrhagic strokes

LIMIT NEUROLOGICAL DAMAGE

Survivor disability

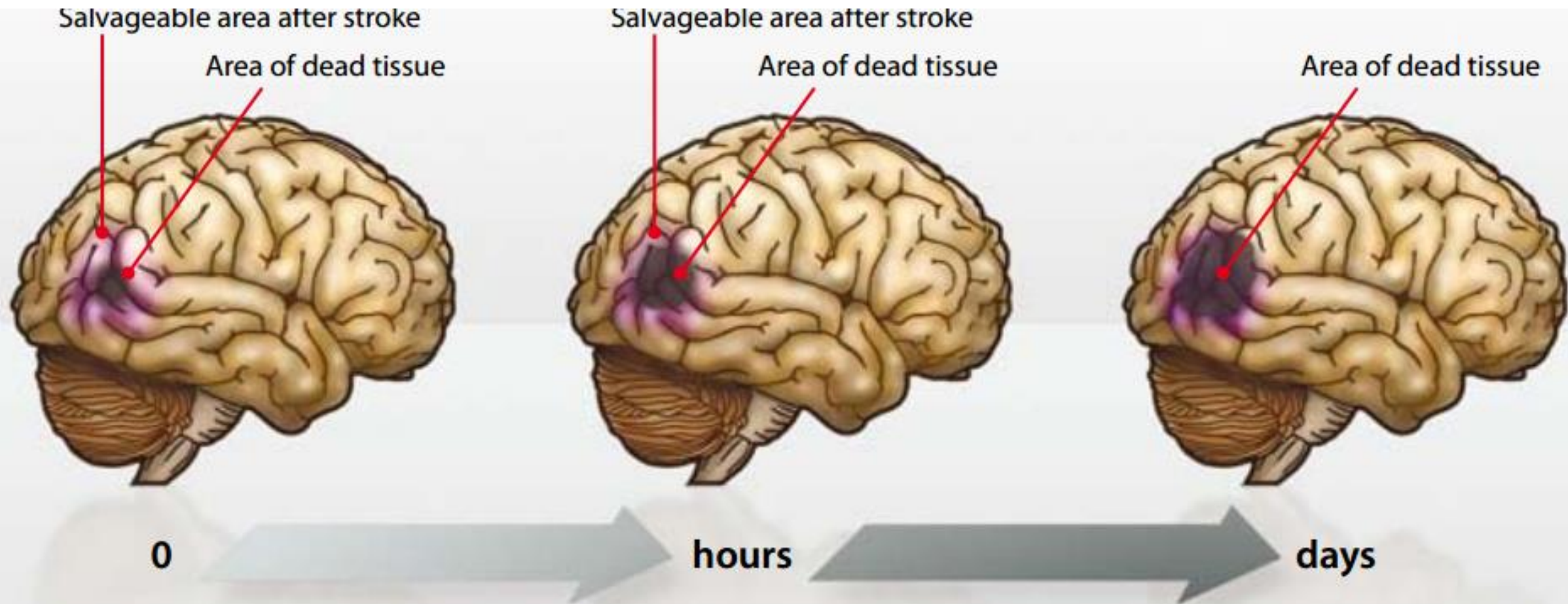
- 2/3 at 1 year
- 1/2 permanent

Time is brain

Immediate

Coordinated

Audited



TIME IS BRAIN |

PREVENT COMPLICATIONS

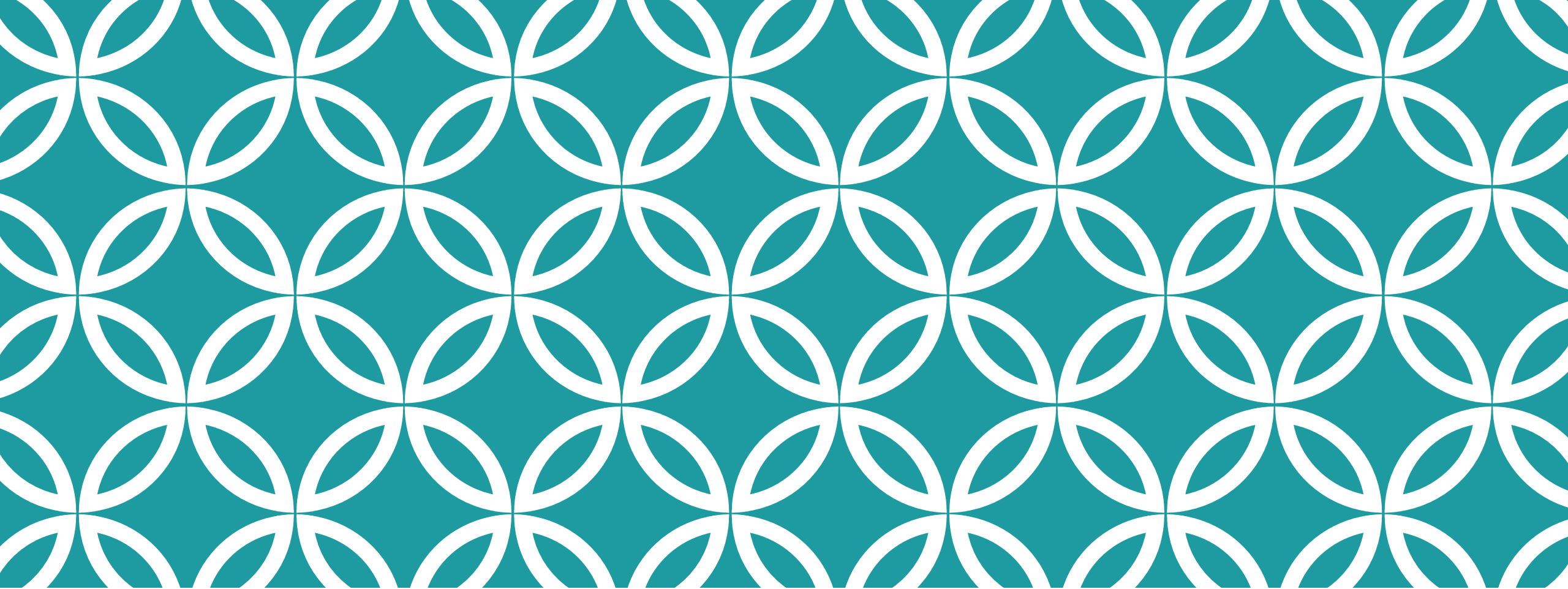
Pneumonia

Mood

Fatigue

Dysphagia

Hypertension



HOW DO WE ACHIEVE THESE GOALS |

PREHOSPITAL CARE

Sudden onset neurological symptoms=screen with FAST tool

Immediate referral to secondary care

Do not give aspirin

Do not lower Blood pressure



AT THE HOSPITAL

St John's notification

Initial assessment by stroke team especially if a lysis candidate

Use a validated severity tool

Blood glucose

Immediate cerebral CT

AT THE HOSPITAL

Aspirin

Thrombolysis with alteplase

Telestroke

- Thrombolysis
- Stroke clot retrieval (SCR) for large vessel occlusions (LVO)
- Neurosurgical referral
- Acute Stroke Unit admission



ACUTE STROKE UNIT

Interdisciplinary

Up front

Planned pathways

Education

Data



PRACTICE POINTS

Recognise

Refer

Acute Stroke team

Coordinate and communicate