

Stroke

Perhaps more than with any other ailment, time matters when one is the victim of a stroke. Because Tissue Plasminogen Activator (tPA), a clot-busting drug, can only be administered to stroke patients within the first few hours of the onset of a stroke, recognizing the symptoms is of the utmost importance.

To that end, National Stroke Awareness Month is observed annually during the month of May. National Stroke Awareness Month aims to educate Americans to recognize the symptoms of a stroke. The event started in 1989, after President George H.W. Bush signed a Presidential Proclamation. The goal is to increase public awareness about the warning signs of a stroke, stroke prevention, and the impact of stroke on survivors, families and caregivers.

Nearly 800,000 Americans suffer strokes annually, making it the leading cause of serious, long-term disability, as well as the fifth-leading cause of death in the United States. According to the American Heart Association, 80 percent of strokes are caused by lifestyle. Therefore, strokes are largely preventable. Although some stroke risk factors, such as age or race, can't be controlled, there are many other steps individuals can take to reduce their risk.

Since 2014, Lawrence County Memorial Hospital has been recognized by the American Heart Association as a "Stroke Ready" facility, which should make the residents of the county feel a little more at ease. The "Stroke Ready" designation means that the hospital has met the standards to support better outcome for stroke care. Some of the basic guidelines that must be set in place to receive the designation are a plan for early communication with Emergency Medical Services prior to bringing the patient to the Emergency Department and around-the-clock ability to perform diagnostic imaging, such as a CT Scan and laboratory testing to facilitate the administration of intravenous thrombolytic in eligible patients.

Tammy Dohoney, a Registered Nurse who serves as the LCMH Stroke Coordinator, says the hospital works hard to maintain the guidelines.

"Every year we have to prove that we are still maintaining things," she said. "We have to continually meet those guidelines. We have to submit proof every year that we're still up to the standard, and every three years we must reapply for the designation."

Health experts agree that the outcome of a stroke depends largely on how the patient is treated, and the sooner the better. The American Heart Association notes that for every eight patients treated with intravenous thrombolysis, one additional patient returns to a normal way of life. Reducing the time between the thrombolysis improves each patient's odds of a good outcome. In other words, the faster you move now, the better the patient's chances to move later.

Medical professionals stress that a stroke is an emergency. The National Stroke Association says it's important to remember to act FAST in such a situation.

- FACE: Ask the person to smile. Does one side of the face droop?
- ARMS: Ask the person to raise both arms. Does one arm drift downward?
- SPEECH: Ask the person to repeat a simple sentence. Does the person sound strange?
- Time: If any of these signs are observed, immediately call 9-1-1.

"The big thing with strokes is the whole act FAST concept," Dohoney said. "If you suspect a stroke, don't wait. Go to your emergency room because time is brain. The longer your brain is without circulation, the more damage and longer lasting the effects you're going to have."

The first four hours that a patient is showing symptoms, she says, are crucial. There is available, effective medication, but it must be administered within the first four hours of symptoms arriving.

Being “Stroke Ready” means that the hospital has developed a program for improving stroke care by promoting consistent adherence to the latest scientific treatment guidelines. Such hospitals follow a standardized treatment plan and provide education to the emergency department staff, as well as the ancillary departments to ensure that high quality patient care is given to the stroke patient.

Once the patient is diagnosed and initially treated, they’ll be sent to another facility, either by helicopter or ambulance, to a partnering hospital that has a neurovascular doctor on staff.