

The Atlantic Provinces Medical Peer Review



MANAGEMENT OF SPECIFIC DISEASE ENTITIES

Neurology # 4 – Stroke

It is important to note that these guidelines are meant to be of assistance to assessors in making observations. They should not be taken as standards of any of the Atlantic Provinces Licensing Authorities.

Risk factors: age; sex; race; family history; HTN; DM; lipids; cardiac disease; history of CVA or TIA; AF; valvular heart disease; carotid stenosis; intracranial arterial stenosis; hypercoagulable states; homocystemia; obesity; smoking

Etiology: ischemic; cardiac; hypercoagulable; hemorrhagic; HTN; amyloid; vascular malformations

Signs & Symptoms:

- ✓ hemispheric: hemiplegia; hemianaesthesia; neglect; Aphasia; visual field defects; headaches; seizures; amnesia, confusion
- ✓ vertebrobasilar: diplopia; vertigo; ataxia; facial paresis; Horner syndrome; dysphagia; dysarthria
- ✓ cerebellar: headache; nausea; vomiting; ataxia; impaired level of consciousness

Diagnosis:

- ✓ history and physical
- ✓ tests: duplex carotid U/S; EKG; Holter monitoring; EEG; PT; PTT; antiphospholipid antibodies; cardiac enzymes; multimodal CT head; MRI; CTA or MRA
- ✓ differential diagnosis: migraine; focal seizure; tumor; subdural hematoma; hypoglycemia; hyperglycemia; hypercalcemia

Therapies:

- ✓ patient follow-up: every 3 months 1st year; then yearly
- ✓ IV tissue plasminogen activator in highly select cases within 3 hours of ischemic stroke onset
- ✓ medications: ASA or plavix; warfarin for patients with AF and cardioembolic stroke

	N/A	E	S	D
Clinical history and physical exam are documented.				
It is evident that appropriate tests have been ordered and completed.				
Appropriate therapies are used and regularly reviewed.				

COMMENTS: _____
