

Stroke Warning Signs and Emergency Care

This sheet goes over the warning signs of a stroke and emergency treatments that can help decrease the severity of a stroke.

If you have had a stroke or TIA (transient ischemic attack), you are at increased risk for a stroke in the future. Make sure to share this important information with those close to you.

Warning signs/symptoms

Early treatment can decrease the damage caused by stroke. **ALWAYS CALL 911** for:

- Sudden onset of **numbness** or **weakness** affecting the face, arm, or leg; may be on only one side of the body.
- **New or worsening difficulty with speech**, having trouble speaking or understanding what someone is saying to you. **Sudden confusion.**
- Sudden **difficulty with vision**, trouble seeing in both or one of your eyes.
- Sudden **difficulty walking, dizziness, loss of balance, trouble with coordination.**
- A sudden onset of a **severe headache.**

It may help to remember **BE FAST.**

BE FAST when identifying a Stroke	
B alance	A sudden loss of coordination or balance
E yes	Blurred vision, double vision, or sudden change in vision
F ace	Drooping in one or both sides of the face especially when smiling
A rms	One arm drifts downward when raised or numbness or weakness on one side of the body
S peech	Speech sounds slurred or garbled with difficulty repeating phrases
T ime	If you notice any of the above signs call 9-1-1 immediately! Remember when the signs and symptoms started

Emergency care

If you come to the emergency room with stroke symptoms, the health care team will work quickly to determine if you are actually having a stroke. This is usually done by getting a **CT scan** (computed tomography) as quickly as possible. Other tests may also be done. If the tests show you are having a stroke, emergency treatment to try to decrease the damage to the brain may be possible. This depends on many factors, including the type of stroke you are having, when your symptoms started, other medical conditions you may have, what medications you are on, and more. Some of the common emergency treatments are described below. Whether or not these emergency treatments are done, patients who have had a stroke are closely monitored and treated with appropriate medications. Depending on the severity of the stroke and other factors, they may be cared for on a general unit, a specialty unit, or in intensive care.

Emergency treatment for ischemic stroke

An ischemic stroke is caused by a clot that is blocking a blood vessel.

- If the patient is in the emergency room within about 3-4 hours of when symptoms started, doctors and nurses may be able to administer an intravenous medication (tPA, tissue plasminogen activator) to dissolve the clot and clear the blockage.
- For some patients with a specific type of stroke, a procedure called mechanical thrombectomy may be done. A thrombectomy is a procedure in which a small tube (catheter) is threaded up into the brain from a blood vessel in the leg or arm in order to remove a blood clot. This procedure is most effective if done within six hours of when symptoms started but may sometimes be done up to twenty four hours after symptom onset.
- In some cases, tPA and thrombectomy are done together.
- Not everyone is a candidate for tPA or thrombectomy.

Emergency treatment for a hemorrhagic (bleeding) stroke

A hemorrhagic stroke is the result of a ruptured or leaking blood vessel that causes bleeding in the brain.

- In some cases, surgery may be needed to stop the bleeding or relieve pressure around the brain.
- Emergency treatment of hemorrhagic stroke caused by a ruptured aneurysm may involve threading a small tube (catheter) into the brain from a blood vessel in the leg or arm, and placing a device called a coil.
- Not everyone is a candidate for these treatments.