

Case Studies in ED Patients with Cerebrovascular Emergencies: TIA, CVA, ICH

DATE: Monday, October 16, 2006 **LOCATION:** Room- HEC B
TIME: 11:30 am – 13:00 pm **HOTEL:** Hilton New Orleans
Riverside Hotel

- 11:30 – 11:40 pm:** Welcome / Meeting Introduction / Survey
- 11:40 – 12:00 pm:** ED TIA Case Presentation:
“ED Patient Risk Assessment for Subsequent CVA, Optimal ED Diagnostic Testing and Disposition”
- Can we risk stratify TIA patients in the ED?
Andrew Asimos, MD, FACEP
- What work-up is optimal for outpatient treatment of ED TIA patients?
Michael Ross, MD, FACEP
- 12:00 – 12:25 pm:** Ischemic Stroke Patient Case Presentation:
“ED Patient Assessment and the Optimal Use of Ischemic Stroke Interventions”
- What must we be able to do to order to provide tPA in the ED (mimickers, stroke scales, and CT interpretation)?
Edward P. Sloan, MD, FACEP
- What is the optimal ED use of tPA in 2006?
E. Bradshaw Bunney, MD, FACEP
- If IV tPA is not possible or indicated, what are the other ED stroke treatment options and when should they be utilized?
Peter Panagos, MD, FACEP
- 12:25 – 12:45 pm:** ICH Patient Case Presentation:
“ICH Patient Assessment & the Treatment of ICH Patients with an Elevated INR”
- Can we assess the likely disease progression and outcome in ED ICH patients & why is it important that we do so when providing ED care?
Marc Dorfman, MD, FACEP, MACP
- What is the best protocol for treating ICH patients with an elevated INR?
Andy Jagoda, MD, FACEP
- 12:45 – 13:00 pm:** Neurological Emergency Treatment Trials Network
What does the NETT mean to Emergency Physicians and how will it impact patient care?
Robert Silbergleit, MD, FACEP



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Background

The diagnosis and treatment of acute stroke patients both in the pre-hospital setting and in the ED requires an understanding of the existing systems for stroke care, the way in which stroke severity can be best defined and communicated, when diagnostic tests such as CTA and MRA are indicated, and how therapies such as tPA and mechanical clot removal should be utilized.

This session will provide an overview to the emergency physician of how stroke patients should be clinically evaluated, and what are optimal treatments based on the latest research and published guidelines.

Learning Objectives

Upon program completion, participants should be able to:

- Review how TIA diagnosis can be made, how risk can be assessed in ED patients, & what evaluations must be performed for safe disposition of TIA patients home from the ED.
- Discuss how EM physicians should use the NIHSS and neuroimaging in assessing ED ischemic stroke patients.
- Discuss the current use of tPA relative to the NINDS clinical trial data, the reanalysis data, & the phase IV data that confirms its clinical efficacy.
- Discuss optimal diagnostic and treatment modalities of Ischemic Stroke patients who are treated greater than three hours after symptom onset.
- Review optimal ways in which patients with suspected ICH can be evaluated in the ED and how the management of the ICH patient can be optimized in the presence of warfarin use and elevated INR.

This activity has been planned and implemented in accordance with the Essentials Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the University of Illinois College of Medicine and FERNE. The University of Illinois at Chicago (UIC) College of Medicine is accredited by the ACCME to provide continuing medical education for physicians. The University of Illinois at Chicago (UIC) College of Medicine designates this education activity for a maximum of 1.5 AMA PRA Category 1 credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity. This symposium is sponsored by FERNE.

All materials, images, and lectures are encouraged to be used freely in order to educate others regarding the optimal care of patients with acute ischemic stroke and other neurological emergencies.

For a copy of these materials, please go to www.ferne.org after the meeting.

This educational symposium is supported by an unrestricted educational grant from AstraZeneca LP