`Arkansas Stroke Assistance Fall 2015

Through Virtual Emergency Support Volume 1, Issue 2

*The Penumbra*



*Welcome to “The Penumbra”*

Welcome to the Fall 2015 issue of the quarterly newsletter for the ARSAVES program! We hope the information presented in each issue, you will find informative, entertaining and illustrative of the dedication of those involved in the program. We look forward to seeing how the program will evolve and grow in the next few years.

In this issue, we will touch on a variety of topics such as “Tech Tips”, the Mega Brain on Tour 2015, site retraining and reminders about troubleshooting equipment. We will also touch on a couple of the newer oral anticoagulants. Enjoy!

*Tech Tips and Troubleshooting by David Wollard and Phillip Martin*

We all know one of the “Murphy’s Law” type axioms when dealing with technology which states, the likelihood of something going wrong in the middle of a code, crisis or meeting is inversely proportional to our desire to have that happen! In other words, if it *can* go wrong, it *will* go wrong. And when we least desire it to! So in this issue I wanted to just throw out some perhaps helpful tips for managing your video cart and the remotes.

Things to remember:

1. *Never* move the camera on top of the screen by hand. It is most expensive and potential strips the gears and can damage the wiring.
2. If there is trouble with the remote operation, you may need new batteries. I recommend changing them out once each month just to be safe.
3. Additionally, under the batteries, there is a switch in a slot with a large wifi graphic at one end and a smaller one at the other. Move the switch towards the larger wifi icon. This may help to boost your signal in cases where you have larger rooms.
4. If the camera doesn’t seem to work correctly and time limits troubleshooting efforts, you can move the cart itself, move the patient gurney, raise and lower the cart using the latch under the desktop on the cart, on the right hand side. These methods will allow you to get the proper presentation of your patient for SAVES calls.
5. Remember to leave your cart and monitor screen on and plugged in at all times. IF you have to unplug the cart for some reason, plug it in another location as soon as possible. After a time it will trigger pages for our IT staff who will in turn be calling you to find out why the cart is not plugged up. Once the batteries run down, they cannot be recharged. It will necessitate a new battery and they are quite expensive!
6. Remember, it is important you send your weekly CT image from Radiology to Deb Johnson.
7. Test your computer/laptop on your cart to ensure you can bring up CT images. During a call is *not* the time to find out you have issues. Your IT is always the first stop for any technical issues. Some sites tie it in with checking the Crash Carts in the ED rooms.
8. To avoid damage to the mic cable, loosely wrap your cable around a cloth or towel to prevent kinking and fraying of wiring.

*Time to Train and Maintain by David Wollard*

First, just to send a big *“Thank you”* for the great efforts over the last several years to make the ARSAVES program a success. Arkansans can now rest easy knowing that they are no more than 60 minutes from a facility able to treat their Acute Ischemic Stroke in a timely fashion. We have saturated the state with sites and no new sites are planned. For that reason we now find ourselves in a *“Train and Maintain”* mindset.

We will now begin retraining sites in the SAVES process, including all aspects of conducting yourself as an ARSAVES site. The training can be via interactive video, in person or a combination of both depending on your needs. Many sites have had significant changes in personnel warranting updated training. Also as SAVES Protocols, Order Sets and documentation is updated, you will also receive training in those aspects. The focus continues to be directed at providing the most competent stroke care possible to residents in your community, and making you successful in providing that care. It has never nor will it ever be about us. It is about you!

Your Outreach Nurse will be in touch with you to discuss training and scheduling. We look forward to the next several years of providing excellent stroke care in the acute setting!

*Mega-Brain Tour 2015! by David Wollard*

The megabrain has had its inaugural jaunt into the world at large. So far it has met with great results. It has been present at several events with overwhelmingly positive feedback. So well received has the brain been, that it will be present at the festivities for World Stroke Day, October 29th, at Baptist Medical Center in Little Rock.

The brain will be in McGehee, October 8th, Conway, October 10th, Harrison, October 14th through 16th, Little Rock, October 24th, Magnolia, October 26th and in Bryant on October 28th. We are reaching the public regardless of age or location. The brain is also scheduling dates in 2016.

*Review of Newer Oral Anticoagulants by David Wollard*

Determining whether someone is a candidate for Activase is often times distinct. However, it can be made a bit tricky by the use of anticoagulants, especially as newer medications hit the market for prescribing by physicians. Following current guidelines, Activase is contraindicated if the patient has received Heparin in the previous 48 hours and has an elevated PTT, or received Coumadin and has an INR > 1.7, or has had a combination of any of the previously mentioned and the Last Known Well Time is > 3 hours.

Examples of the newer anticoagulants include Dabigatran (Pradaxa), Apixaban (Eliquis), and Rivaroxaban (Xarelto). A potential selling point of these medications some feel is that they don’t require blood draws to monitor therapeutic activity. A downside or “other side of the coin” may be that in the emergent setting, there is no current test to measure therapeutic levels. For Pradaxa, it is thought the PTT is sensitive but may not give an accurate picture of degree of therapy, and in the case of Xarelto, there is a “linear” correlation with PT, as examples.

If patients have properly hydrated and have good renal function, it is felt that the drugs clear the system efficiently. However, stroke patients may be dehydrated or have compromise in renal function. In those patients, it may be difficult to determine clearance. Dosing with these agents also varies which may complicate the picture (qd vs. bid, etc.).

When considering appropriateness for Activase therapy, the consensus seems to be that if the last dose of any of these medications was 48 hours prior to being seen in the ED for stroke symptoms, and lab work is normal, then the patient is likely safely able to receive Activase. If however, the last dose has been within the last 24-48 hours, the most likely Activase is contraindicated. When in doubt, call rather than disqualify a patient who might potentially benefit from Activase therapy. Let the ARSAVES neurologist make the determination.

Hopefully this brief review will give some review of these newer medications. We will likely see more in the future. Whether this complicates the process or enhances it remains to be seen. The goal remains as always, patient wellbeing and safety! ***REMEMBER! TIME IS BRAIN!***

*Remember, if you have something you would like to submit for the next quarterly newsletter, please send to* [*wollarddavidl@uams.edu*](mailto:wollarddavidl@uams.edu) *for consideration.*

*See you next time!*