Outcome of 81 Activated Stroke Codes at Sheikh Khalifa Medical City – Abu Dhabi

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Abstract

- **Objectives:** The purpose of this review is to measure the level of compliance to activation code of stroke at the Sheikh Khalifa Medical City, Abu Dhabi.

- **Methods:** Data of 81 patients was collected and analyzed from the medical records of adult patients who presented with symptoms of stroke between the period of August 2020 to August 2021.

- **Results:** Out of 81 patients, 80 (99%) had a CT Head Scan done immediately at the time of presentation. However, 12 (15%) of the cases were stroke mimics, and only 35 patients (43%) had their NIHSS score calculated and documented. Furthermore, out of the 13 patients who were candidates for IV thrombolytic therapy, only 10 received it and only 59 (73%) received antiplatelet therapy 24-48hrs of stroke presentation.

- **Conclusion:** The results of this review demonstrate a lack of compliance in some areas of stroke chain management regarding recognition, acute management, and differentiation of stroke from stroke mimic among the frontline staff receiving patients with acute stroke.

Introduction

In the UAE, approximately 8,000 to 10,000 patients suffer a stroke per year [1]. Acute strokes either in the emergency department or in-hospital at Sheikh Khalifa Medical Centre (SKMC) are initially managed through activation of stroke code protocol that is based on international guidelines. This review is conducted by the Neurology Department at Sheikh Khalifa Medical City to identify the overall level of compliance to the stroke code protocol and to review the outcome of the stroke codes activated.

Methods and Materials

Data was collected from the medical records of adult patients who presented with presumed symptoms of stroke between August 2020 to August 2021. The final sample size was 81 patients.

The data was reviewed to identify the healthcare worker ability to identify a stroke mimic, calculate and document the NIHSS score, obtain a CT Head Scan immediately on presentation, early and correct identification of patients who are candidates for TPA (Tissue plasminogen activator) therapy followed by its administration, and finally administration of antiplatelet therapy 24-48hrs of stroke presentation in the absence of contraindications. Data analysis was displayed using charts and references for stroke code guidelines were considered in this review [1-4].

Conclusions

This review showed areas of deficiency in recognizing acute stroke, differentiating between stroke and stroke mimics, performing and documenting the NIHSS score, giving antiplatelet therapy (i.e. aspirin) immediately unless there is a contraindication, and TPA administration without delay if patient is eligible.

References