



2008 EMRA / FERNE Neurological Emergencies Case Conference: A Focus on Ischemic Stroke & Traumatic Brain Injury

Learning Objectives

- Describe the skills necessary for emergency physicians to safely and effectively utilize tPA in Emergency Department acute ischemic stroke patients.
- Develop systems strategies and documentation statements for optimizing the care of Emergency Department acute ischemic stroke patients in a way that minimizes risk for the patients, the providers, and the institutions that provide emergent care.
- Discuss the clinical features and optimal application of the new ACEP Mild Traumatic Brain Injury Clinical Guidelines.

Background

Despite the presence of clinical trials data and phase IV data that has demonstrated the clinical efficacy and the clinical effectiveness of tPA in treating ischemic stroke patients, the Emergency Medicine community still actively debates the utility of this therapy in the ED. Although it is suggested that the use of thrombolytic therapy is difficult, its use actually only requires a limited number of clinical skills that are part of the emergency physician's skill set. Additionally, it is possible to utilize systems strategies and documentation statements in a way that outcome can be optimized and risk minimized when treating Emergency Department acute ischemic stroke patients. Both of these aspects of acute ischemic stroke patient care will be presented during this conference.

The management of ED mild traumatic brain injury patients is important given the large number of patients seen with this clinical problem and the fact that many receive the majority of their definitive care in the Emergency Department. ACEP has recently worked with the Centers for Disease Control on new guidelines for the management of mild traumatic brain injury patients, the highlights of which will also be discussed during this neurological emergencies case conference.

Key Clinical Questions

What skills must the emergency physicians have in order to safely and effectively utilize tPA in Emergency Department acute ischemic stroke patients?

What systems strategies can be utilized in order to optimize the care of ED acute ischemic stroke patients so as to minimize risk for the patients, the providers, and the institutions?

What do the new ACEP Mild Traumatic Brain Injury Clinical Guidelines tell us about the optimal management of these important and frequently treated Emergency Department patients?