



# The REACH Connection

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**Remote Evaluation for Acute Ischemic Stroke (REACH)**  
**REACH Mission:**  
 To improve the care of stroke patients within smaller communities in Georgia.



**REACH Hospitals:**

- Emanuel Medical Center
- Elbert Memorial Hospital
- Jefferson Hospital
- Jenkins County Hospital
- McDuffie Regional Medical Center
- Morgan Memorial Hospital
- Washington County Regional Medical Center
- Wills Memorial Hospital
- Cobb Memorial Hospital

**Coming Soon:**

- Burke Medical Center

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**May is National Stroke Awareness Month**

**Keeping You Posted . . .**

We recently added Cobb Memorial Hospital in Royston, Ga to our network. We welcome them! We have now treated 54 stroke patients with tissue plasminogen activator (TPA) in our REACH network. Every participating hospital has treated at least one. There has been only one intracerebral hemorrhage (ICH) and the outcome of that patient was very good as hemorrhage was small. Our ICH rate is < 2%. We have treated more than 50% of patients under 2 hours and nearly a quarter in under 90 minutes with TPA! These are phenomenal results and are a testimony to the excellent work done by our local hospitals and their dedicated staff.

**EMS – Crucial Partners in Establishing True Symptom Onset Times for Stroke Victims**

The time of stroke onset is the first and most crucial piece of information needed to give tPA safely and effectively. EMS, as first responders in the chain of stroke survival, may be in the best position to get the time right since they are at the scene with all the witnesses.

PEARLS to get the right onset time:

1. IV TPA is recommended **only** if it can be given within 3 hrs from symptom onset. (other interventions may be available at later time points but knowing correct onset time is still just as important)
2. Patients with symptoms on awakening are generally assumed to be beyond a three hour window and it must be clearly known whether or not the patient awoke with symptoms present. Sometimes careful questioning can establish that they were actually last seen normal within 3 hours of the awakening with symptoms.
3. Panicked witnesses may not be able to recall a clock time for onset, but may remember the TV show on , and what time that program plays, or if they were eating breakfast, what time they normally eat breakfast.



**EMS cont...**

4. Pitfall- first responders are given an onset time “started 20 mins ago”; it is always better to translate this into a clock time to provide a stable reference point to all future providers.
5. Question witnesses in various ways to definitely confirm the onset time. Inquire “How do you know it started at 3 pm?” ; make them convince you. Were they napping? Why was the patient awake so late at night (at 2am) when you saw the symptoms start? If witnesses did not actually see the onset, what time did they last see the patient and were sure he was normal?
6. Don’t accept the first onset time you are told, ask questions to be sure. “I found him at 2pm and he couldn’t talk.” The 2 pm is time found, but not necessarily the onset time. Do not be shy or worry about offending witnesses, everyone has one goal in mind and that is to get the truth because this is best thing we can do to help our patients.
7. Each provider should be ready to justify and convince the next provider in the chain of stroke survival of the correctness of the time of onset. Receiving providers should ask to be convinced of reported onset times.
8. If at all possible, transport the primary witness to the hospital with the patient.

