May 2009

Community Medical Center

STROKE Awareness

What is STROKE?

Stroke is the nation's third leading cause of death. There are different types of strokes, but regardless of type, surviving a stroke can have a devastating impact, not only on the survivor, but on everyone who cares about them.

Stroke is a type of cardiovascular disease. It affects the arteries leading to and within the brain. A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts. When that happens, part of the brain cannot get the blood (and oxygen) it needs, so it starts to die.

About 795,000 Americans each year suffer a new or recurrent stroke. That means, on average, a stroke occurs every 40 seconds.

Stroke kills more that 143,000 people a year. That's about 1 of every 17 deaths. On average, every 3 to 4 minutes, someone dies of a stroke.

Of every 5 deaths from stroke, 2 occur in men and 3 in women. The death rate is higher among black males and black females.

Knowing the Signs and Symptoms - Act *FAST*

F—FACE

Ask person to smile. Does the face look uneven?

A—ARMS

Ask them to raise both arms. Does one arm drift down?

S—SPEECH

Ask them to repeat a phrase. Does their speech sound strange?

T—TIME

Call 9-1-1 if you are outside the hospital and answer YES to any of these questions ! Every second you delay, a brain cell dies.

If you are outside the hospital and see someone showing signs of stroke:

Call 9-1-1

If you are in the hospital and see someone showing these signs, ACTIVATE

THE RAPID RESPONSE TEAM

(Stroke Team) by dialing ***111 for the operator and requesting the RRT Team. Be prepared to give your location.

Community Medical Center
Primary Stroke Center

Community Medical Center is Certified by **The Joint Commission and the New Jersey Department of Health and Senior Services** as a **Primary Stroke Center**. This certification was achieved in 2007.

The Joint Commission will visit CMC in the next few months to re-certify our Center. This re-certification will consist of a one-day visit by a surveyor specially trained in evaluating Stroke programs. The surveyor will be visiting several departments within the hospital, speaking with staff members and patients to evaluate our processes for caring for the Stroke patient. He or She will also be reviewing the monthly data collected on all 10 Stroke Performance Improvement Measures. For questions about the survey process please call the Standards Manager at 732-818-5737.

The mission of Community Medical Center's Primary Stroke Center is to provide our Community with high quality, efficient, and effective comprehensive stroke care in a positive and nurturing environment that is conducive to patient healing and recovery.

What are the benefits of Primary Stroke Center designation?

There are several benefits including:

- Patients received the best possible evidence-based care to optimize their care and outcomes
- Providers received ongoing continuing education to assist them in caring for the stroke patient
- Community benefits with outreach programs and education
- Patients have access to a pool of medical professionals who are dedicated to providing patient-centered, quality efficient care.

The Primacy Stroke Center at CMC saw over 600 patients diagnosed with Stroke in 2008.

CMC Stroke Center Management

Medical Director—Dr. Gerald Ferencz, MD

Stroke Center Coordinator—Celina Holden, RN

Neuroscience Unit (4A) Director of Patient Care—Christine Donnelly, RN

Administrative Director of Nursing—Chrissie Dodds, RN

For Additional Information contact, Celina Holden at 732-557-1757

Most Stroke patients are admitted to 4A our Neuroscience Unit.

CMC continues to excel in much of the data that we submit.

Reducing Risk of Stroke

Knowing your risk and controlling what you can is the best defense against having a stroke

- **Age** — The chance of having a stroke approximately doubles for each decade of life after age 55. While stroke is common among the elderly, a lot of people under 65 also have strokes.
- **Heredity (family history) and race** — Your stroke risk is greater if a parent, grandparent, sister or brother has had a stroke. African Americans have a much higher risk of death from a stroke than Caucasians do. This is partly because blacks have higher risks of high blood pressure, diabetes and obesity.
- **Sex (gender)** — Stroke is more common in men than in women. In most age groups, more men than women will have a stroke in a given year. However, more than half of total stroke deaths occur in women. At all ages, more women than men die of stroke. Use of birth control pills and pregnancy pose special stroke risks for women.
- **Prior stroke, TIA or heart attack** — The risk of stroke for someone who has already had one is many times that of a person who has not.
- **High blood pressure** — High blood pressure is the leading cause of stroke and the most important controllable risk factor for stroke. Many people believe the effective treatment of high blood pressure is a key reason for the accelerated decline in the death rates for stroke.
- **Cigarette smoking** — In recent years, studies have shown cigarette smoking to be an important risk factor for stroke. The nicotine and carbon monoxide in cigarette smoke damage the cardiovascular system in many ways. The use of oral contraceptives combined with cigarette smoking greatly increases stroke risk.
- **Diabetes mellitus** — Diabetes is an independent risk factor for stroke. Many people with diabetes also have high blood pressure, high blood cholesterol and are overweight. This increases their risk even more.
- **Carotid or other artery disease —** The carotid arteries in your neck supply blood to your brain. A carotid artery narrowed by fatty deposits from atherosclerosis (plaque buildups in artery walls) may become blocked by a blood clot.
- **Peripheral artery disease** is the narrowing of blood vessels carrying blood to leg and arm muscles. It's caused by fatty buildups of plaque in artery walls. People with peripheral artery disease have a higher risk of carotid artery disease, which raises their risk of stroke.
- **Atrial fibrillation** — This heart rhythm disorder raises the risk for stroke. The heart's upper chambers quiver instead of beating effectively, which can let the blood pool and clot. If a clot breaks off, enters the bloodstream and lodges in an artery leading to the brain, a stroke results.
- **Sickle cell disease** (also called **sickle cell anemia**) — This is a genetic disorder that mainly affects African-American and Hispanic children. "Sickled" red blood cells are less able to carry oxygen to the body's tissues and organs they also tend to stick to blood vessel walls, which can block arteries to the brain and cause a stroke.
- **High blood cholesterol —** People with high blood cholesterol have an increased risk for stroke. Also, it appears that low HDL ("good") cholesterol is a risk factor for stroke in men, but more data are needed to verify its effect in women.
- **Poor diet —** Diets high in saturated fat, trans fat and cholesterol can raise blood cholesterol levels. Diets high in sodium (salt) can contribute to increased blood pressure. Diets with excess calories can contribute to obesity. Also, a diet containing five or more servings of fruits and vegetables per day may reduce the risk of stroke.
- **Physical inactivity and obesity** — Being inactive, obese or both can increase your risk of high blood pressure, high blood cholesterol, diabetes, heart disease and stroke. So go on a brisk walk, take the stairs, and do whatever you can to make your life more active. Try to get a total of at least 30 minutes of activity on most or all days.
- **Geographic location** — Strokes are more common in the southeastern United States than in other areas. These are the so-called "stroke belt" states.
- **Socioeconomic factors** — There's some evidence that strokes are more common among low-income people than among more affluent people.

*Information obtained from the American Stroke Association

Types of Stroke & Treatment Options

Ischemic Stroke – Treatment

Clot –Busting Medication – r-tPA is the most promising treatment for ischemic stroke. It must be administered within 3 hours of the onset of symptoms to work best. Generally, only 3-5 % of patients get to the hospital in time to be considered for this treatment.

Ischemic Stroke – Preventative Treatment

Anticoagulants such as warfarin and antiplatelet medications such as aspirin play an important role in preventing stroke. A procedure known as Carotid endarterectomy which surgically removes a blood vessel blockage is also effective in preventing strokes. Angioplasty Stenting – sometimes known as balloon angioplasty involves the surgical placement of steel screens called stents. These devices are used to remedy fatty buildup which is clogging the blood
vessel(s).

Hemorrhagic Stroke - Treatment

Hemorrhagic stroke accounts for about 17 percent of stroke cases.
It results from a weakened vessel that ruptures and bleeds into the surrounding brain. The blood accumulates and compresses the surrounding brain tissue. The two types of hemorrhagic strokes are intracerebral hemorrhage or
subarachnoid hemorrhage.

For hemorrhagic stroke, surgical treatment is often recommended to either place a metal clip at the base, called the neck, of the aneurysm or to remove the abnormal vessels. Endovascular procedures are less invasive and involve the use of a catheter introduced through a major artery in the leg or arm, guided to the aneurysm or AVM where it deposits a mechanical agent, such as a coil, to prevent rupture. This procedure is performed at Comprehensive Stroke Centers only.

Transient ischemic attacks (TIA's)- Treatment

Transient ischemic attacks are minor or warning strokes. In a TIA, the typical stroke warning signs develop. However, the obstruction (blood clot) occurs for a short time and tends to resolve itself through normal mechanisms.
Even though the symptoms disappear after a short time, TIA's are strong indicators of a possible major stroke. Steps should be taken immediately to prevent a stroke such as antiplatelet therapy and/or anticoagulant therapy.

*Information obtained from the American Stroke Association

For more information on Stroke and the Joint Commission Disease Specific Care Certification:

- Visit the American Stroke Association website at http://www.strokeassociation.org
- Visit the Joint Commission at http://www.jointcommission.org/CertificationPrograms/PrimaryStrokeCenters
- Contact the CMC Stroke Coordinator at 732-557-1757