Stroke Management During the Global Pandemic Should Not be Compromised

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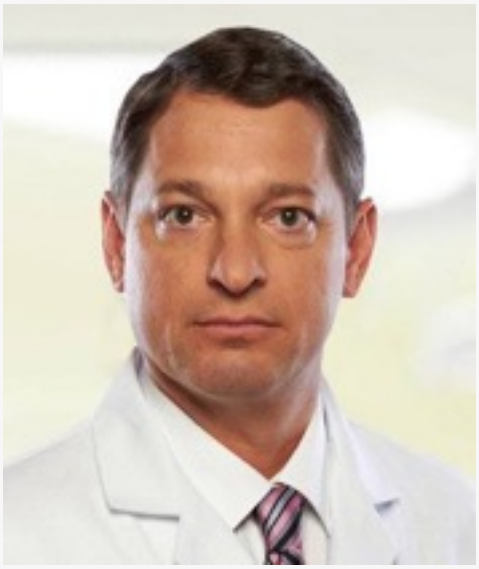

SANTA BARBARA, CA, UNITED STATES, April 23, 2020 /EINPresswire.com/ -- The global pandemic caused by COVID-19 has caused significant logistical issues for hospitals from the initial "stroke alert," when a patient presents to the emergency room with symptoms of an acute stroke, to the time when transfer to an acute inpatient rehabilitation hospital is required for those with persisting functional deficits.

The COVID-19 pandemic has forced emergency rooms to triage patients with non-COVID-19 medical diagnoses to "safe zones" within the emergency department away from patients with symptoms of COVID-19 infection to prevent cross infection of patients. Patients with potential of COVID-19 based on travel and exposure to COVID-19 are also screened. "Stroke alert" protocols should not be compromised by the pandemic as protocols within hospitals and between hospitals have been in place since 2018 after the Acute Ischemic Stroke Guidelines was produced which at the time represented a paradigm shift in care.

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>
> *Dr. Greg Vigna*

The 2018 Acute Ischemic Stroke Guidelines provides that patients must be administered tPA, a potent blood thinner, if they present within 4.5 hours of onset of symptoms of an acute ischemic stroke and then fast tracked to a thrombectomy if large vessel occlusion is identified as the cause for the stroke. Since 2018, transfer relationships between hospitals that do not have thrombectomy capabilities and those with thrombectomy services have been developed and should not be compromised by the pandemic.

Greg Vigna, MD, JD, national pharmaceutical attorney, neurological injury attorney, and practicing physician, states, "My litigation team have several clients who had met the anatomical criteria for receiving a thrombectomy but missed the 24 hour window because physicians, nurses, and hospitals were not competent in their initial assessment of our clients and unfortunately our clients missed the opportunity to receive tPA because of a failure to diagnose and also did not undergo a thrombectomy because they were outside the 24 hour window when the large vessel occlusion was finally diagnosed."

Dr. Vigna adds, "We have had cases where our retained neurological experts have been critical of physician interpretation of CT scans and CT-angiograms as well as critical of physician assessment where symptoms were clearly consistent with a stroke but the diagnosis was missed. Because of this failure to timely diagnose tPA and a thrombectomy was not provided.

Large vessel occlusions cause catastrophic permanent neurological deficits which clearly could have been avoided had our clients received the standard of care. Instead of walking out of the hospital they now have required months of rehabilitation and ongoing 24-hour care at home."

Greg Vigna, MD, JD is a California and Washington DC lawyer who focuses on catastrophic neurological injuries cause by the vaginal mesh, brain injuries, spinal cord injuries, brachial plexus injuries, and medical malpractice. He is Board Certified in Physical Medicine and Rehabilitation.

The Vigna Law Group is a national neurological injury law firm that co-counsels with leading trial attorneys across the country to achieve justice.

https://www.ahajournals.org/doi/full/10.1161/strokeaha.118.020176

https://www.ahajournals.org/doi/pdf/10.1161/STROKEAHA.120.029838

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