

# QUICK SOLUTION GUIDE

STROKE INDICATED FOR  
THROMBOLYTIC THERAPY



SCENARIO

## #33

### NAME

NORMA KAYLEE

### SPECIALTY

Neurology

### DIFFICULTY LEVEL

ADVANCED

### SIMULATION ENVIRONMENT

INTRA HOSPITAL - EMERGENCY ROOM

**BODY INTERACT™**  
VIRTUAL PATIENTS

This patient is not a real patient, and the clinical scenario, while clinically plausible, is fictional.

# Dialogues

Ask the following questions to the patient:

## History Taking

### Chief Complaint

- How are you feeling?
- What happened to you?

### History of Present Illness

- Are you feeling any pain?
- When did your symptoms start?

### Past Medical/Surgical History

- Do you have diabetes?

### Medications and Allergies

- Are you currently taking any medication?
- Are you taking your medications strictly as prescribed?

# Physical examination

Perform the following physical examinations:

## Airway

- Airway observation

## Breathing

- O2 Sat (%)
- Respiratory rate (/min)

## Circulation

- Blood pressure (mmHg)
- Heart rate (bpm)

## Disability

- Blood glucose (mg/dL)

# Medical tests

Request the following medical tests:

### Decision aids

- Stroke scale (NIHSS)

### Imaging

- Cerebral angiography
- Cerebral perfusion CT
- Head CT

## Treatments

Administer the following treatments:

### To treat: Hypertension. One of the following:

- Medications | Antihypertensives | Labetalol Intravenous bolus = 30 mg
- Medications | Antihypertensives | Labetalol Intravenous infusion

### To treat: Ischemic embolic left stroke/Severe ischemic embolic left stroke. One of the following:

- Medications | Fibrinolytics | Alteplase Intravenous bolus = 8 mg
- Medications | Fibrinolytics | Alteplase Intravenous infusion = 70 mg/h

### To treat: ISCHEMIC EMBOLIC LEFT STROKE / SEVERE ISCHEMIC EMBOLIC LEFT STROKE. One of the following:

- Call | Thrombectomy
- Call | Thrombectomy by interv. neuroradiology

### To treat: ISCHEMIC EMBOLIC LEFT STROKE / SEVERE ISCHEMIC EMBOLIC LEFT STROKE

- Call | Stroke unit

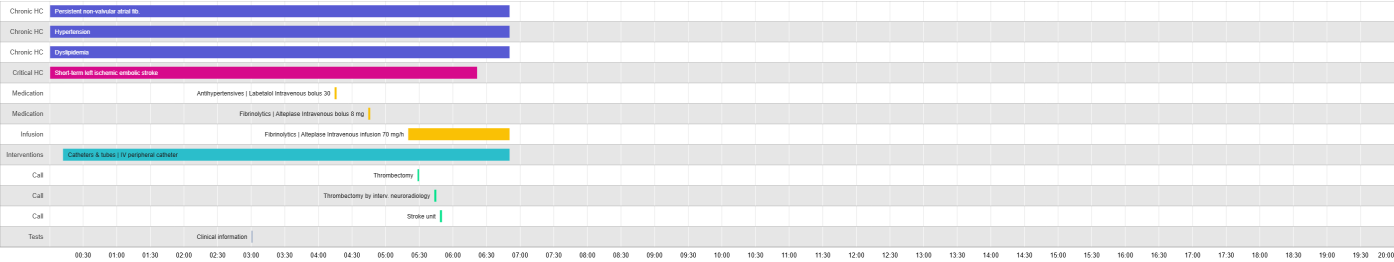
# Baseline

Visualize the baseline approach. The baseline predicts scenario behavior assuming no actions by the trainee, which usually represents the worst-case scenario.



# Optimal approach

Visualize the optimal approach to end your simulation successfully.



# Assessment question(s) during the simulation

Questions presented to the trainee in order to have a more detailed evaluation of the use of the clinical scenario.

## Clinical information question:

### Question

What is the minimum interval between dabigatran's last administration and thrombolysis treatment with good renal function (CrCl >50 mL/min)?

### Correct answer

Over 48 hours

### 2 Incorrect answer(s)

Over 12 hours

Over 96 hours

## Head CT question:

### Question

Based on the patient's clinical assessment and the head CT findings, select the most likely diagnosis:

### Correct answer

Acute ischemic stroke

### 2 Incorrect answer(s)

Hemorrhagic stroke

Brain abscess

## Head CT question:

### Question

Does this CT have signs of any intracranial hemorrhage?

### Correct answer

No

### 1 Incorrect answer(s)

Yes

## Head CT question:

### Question

Based on the neurological

assessment, please rate the stroke severity:

**Correct answer**

Moderate to severe stroke

**2 Incorrect answer(s)**

Moderate stroke

Severe stroke

**Head CT question:**

**Question**

Are there any contraindications for thrombolysis?

**Correct answer**

No

**1 Incorrect answer(s)**

Yes

**Head CT question:**

**Question**

Based on the patient's clinical assessment and the head CT findings, select the most likely diagnosis:

**Correct answer**

Acute ischemic stroke

**2 Incorrect answer(s)**

Hemorrhagic stroke

Brain abscess

**Head CT question:**

**Question**

Does this CT have signs of any intracranial hemorrhage?

**Correct answer**

No

**1 Incorrect answer(s)**

Yes

**Head CT question:**

**Question**

Based on the neurological assessment, please rate the stroke severity:

**Correct answer**

Moderate to severe stroke

**2 Incorrect answer(s)**

Moderate stroke

Severe stroke

**Head CT question:**

**Question**

Are there any contraindications for thrombolysis?

**Correct answer**

Yes

**1 Incorrect answer(s)**

No

**Cerebral angiography question:**

**Question**

Which vascular lesion is visible?

**Correct answer**

Occlusion in the proximal M2 segment of the left MCA

**2 Incorrect answer(s)**

Basilar artery occlusion

No occlusions

**Cerebral angiography question:**

**Question**

What is the extent of the established ischemic infarct in the CT scan?

**Correct answer**

Minor lesion. ASPECTS: 8

**2 Incorrect answer(s)**

No changes. ASPECTS: 10

Large infarct. ASPECTS: 5



### Cerebral angiography question:

#### Question

Does this patient have an indication for thrombectomy?

#### Correct answer

Yes

#### 1 Incorrect answer(s)

No

## Assessment question(s) after simulation

Questions presented to the trainee in order to have a more detailed evaluation of the use of the clinical scenario.

### Summative Multiple Choice Question:

#### Question

What is the most likely diagnosis?

#### Correct answer

Ischemic stroke

#### 3 Incorrect answer(s)

Subdural hematoma

Meningioma

Encephalitis

### Formative Multiple Choice Question:

#### Question

Which procedures are NOT mandatory before the decision to administer thrombolysis?

#### Correct answer

Perform a 12-lead-ECG

#### 2 Incorrect answer(s)

Measure blood pressure

Assess capillary glycemia

**Formative Multiple Choice  
Question:**

**Question**

When should this patient have a rehabilitation assessment?

**Correct answer**

Within 1st week

**2 Incorrect answer(s)**

Within 1st month

Within 1st year

**Formative Multiple Choice  
Question:**

**Question**

What is the next step to prevent recurrent ischemic events?

**Correct answer**

Resume oral anticoagulation with dabigatran

**2 Incorrect answer(s)**

Carotid endarterectomy

Start lifelong antiplatelet therapy

## Handoff question

Question presented to the trainee to assess their ability to effectively communicate patient information during a transition of care. This question is optional.

**Question**

Summarize this Body Interact scenario using a structured handoff pattern.

**Review handoff pattern**

SBAR (Situation, Background, Assessment, Recommendation): Includes current condition and reason for handoff, relevant history and context, assessment

details, and recommended actions.

SOAP (Subjective, Objective, Assessment, Plan): Covers patient-reported symptoms and history, measurable data and findings, clinical impressions and diagnoses, and the treatment plan.

I-PASS (Illness Severity, Patient Summary, Action List, Situation Awareness and Contingency Planning, Synthesis by Receiver): Encompasses illness status, patient background, tasks and actions, potential changes and plans, and confirmation of understanding.

AT-MIST (Age, Time of incident or onset of symptoms, Mechanism of injury/Medical Complaint, Injuries or Inspections head-to-toe, vital Signs, and Treatments): Describes the cause of injury or medical complaint, findings from head-to-toe inspection, vital signs, and treatments provided.