



CME QUIZ

Stroke 2009: National Guidelines and Lourdes Stroke Center

Name: _____

(Please Print)

1. Emergent stroke evaluation must include all of the below, except:
 - a. Head CT with contrast
 - b. Fingertick glucose
 - c. EKG
 - d. NIH Scale

2. After tPA, management within the first 24 hours includes:
 - a. Antiplatelet Rx and SC Heparin
 - b. Routine placement of foleys and arterial lines
 - c. IV Nitroprusside for goal BP of 120/80
 - d. Strict NPO and bed rest

3. There is no difference in the effectiveness of tPA when given 0-90 minutes or 91-180 minutes of stroke symptom onset.
 - a. True
 - b. False

4. Acute anti-platelet therapy:
 - a. Increases stroke mortality rate in the first 30 days
 - b. Prevents acute thrombotic events in the penumbra
 - c. Should still be administered orally even if patient fails dysphagia screen
 - d. Should be administered to large hemorrhagic strokes

5. Therapeutic anticoagulation in the setting of an acute stroke:
 - a. Increases risk of symptomatic hemorrhagic conversion of ischemic strokes by 30%
 - b. Is appropriate for embolic large hemispheric strokes
 - c. Is equally achieved safely with IV heparin or SC low molecular weight heparin
 - d. Should be used in non-embolic ischemic strokes

6. Secondary to the loss of cerebrovascular autoregulation of the penumbra, prn blood pressure Rx should be used only if the BP is >220/110 in the first 72 hours.
 - a. True
 - b. False

7. HMG-CoA Reductase Inhibitors (statins) have no role in acute stroke therapy and should not be initiated until the fasting lipid profile reveals dyslipidemia.
 - a. True
 - b. False

8. In the acute stroke patient,:
 - a. Aspiration pneumonia does not significantly increase the mortality rate
 - b. Fevers associated with UTIs are clinically insignificant
 - c. Cardiovascular disease significantly contributes to the mortality of stroke patients in the first year after the cerebrovascular event
 - d. Patients with hemorrhagic strokes are at a low risk of DVTs and do not need any intervention

9. Secondary stroke prevention medical therapy should include anti-platelet Rx, statins and ACE Inhibitors or Angiotensin Receptor Blocking agents.
 - a. True
 - b. False

10. Symptomatic carotid artery stenosis should be surgically addressed 4-6 weeks after a TIA.
 - a. True
 - b. False

11. The attending physician is responsible for completion of Hospital Stroke Order sets at the time of admission even if the patient orders are written by a resident in order to
 - (a) maintain certification of OLLMC as a designated NJ Department of Health and Joint Commission Stroke Center and
 - (b) to maintain physician privileges as an attending for patients admitted with Stroke or TIA.
 - a. True
 - b. False