

Continuing Education QUIZ (1.0 hours CEU)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Emergency Medical Service Hospital Prenotification is Associated with Improved Evaluation and Treatment of Acute Ischemic Stroke.

1. EMS pre-notification was independently associated with more eligible patients with acute ischemic stroke being treated with tPA.

- TRUE
 FALSE

2. Administration of IV tissue plasminogen activator (tPA) has been shown to have significant improvement in stroke outcome but are not time dependent from symptom onset to administration of tPA.

- TRUE
 FALSE

3. Target door (hospital arrival) to needle time (administration of tPA) is which of the following? (Not symptom onset to administration of tPA)

- < 60 minutes
 < 90 minutes
 < 120 minutes
 < 30 minutes

4. Pre-hospital notification of suspected stroke by EMS was shown to have statistically significant improvement in which of the following?

- Shorter door to imaging time
 Shorter door to needle time
 tPA administration in < 3 hours
 Shorter symptom onset to needle time
 All of the above

5. Every minute a large vessel stroke goes untreated as many as 1.9 million neurons and 14 billion synapses are potentially lost. In this setting pre-hospital notification of suspected ischemic stroke is clinically significant in stroke functional outcomes.

- TRUE
 FALSE

6. Pre-hospital notification of suspected ischemic stroke and tPA administration is associated with increased risk of intracranial or systemic hemorrhage compared with patients without EMS pre notification.

- TRUE
- FALSE