

Stroke Information / Emergency Rooms in Mississippi

Giddens Law Firm wants you to know when you go to the Emergency Room in Mississippi, you should arm yourself with the information that is available about stroke. The below information will help make you and/or your family a patient advocate. Some of the issues that we have come across involve ER physicians and nursing staff failing to respond to the signs and symptoms of stroke. Here are some facts you should know prior to entering the Emergency Room about stroke:

- Not all ER are designated as a certified stroke center. The following hospitals in Mississippi are:
 1. Memorial Hospital at Gulfport
 2. North Mississippi Medical Center
 3. Forrest General Hospital
 4. St. Dominic's Hospital

- There are two types of stroke, hemorrhagic – which involves a bleed and ischemic – which is caused by an occluded or blocked blood vessel.
 - You should notify the EMT and the ER physician if you are having any stroke like symptoms.
 1. Dizziness
 2. Vertigo
 3. Nausea
 4. Numbness
 5. Weakness
 6. Cognition (brain) problems
 7. Speech
 8. Comprehension
 9. Worst headache of your life
 10. Stiff neck
 11. Decreased consciousness

 - Time equals brain. The sooner you receive the clot busting TPA, (Intravenous recombinant tissue plasminogen activator) the better your outcome will be. Generally you will not be a candidate for receiving this clot busting and/or vessel opening medication if it has been more than three (3) hours of the onset of symptoms.

 - The exact timing of the onset of any symptoms should be kept up with and reported accurately to the medical care providers.

 - Keep track of whether your symptoms have improved or are deteriorating.

 - There is no 100% sensitive or specific tests that rule out stroke. Therefore, a doctor must conduct a thorough neurological evaluation.

 - Be sure to ask whether the physician is using the national institute of health stroke care for you or your loved one. These forms are available at www.ninds.nih.gov/doctors/NIH_Stroke_Scale.pdf and www.ninds.nih.gov/doctors/NIH_Stroke_Scale_Booklet.pdf

 - An MRI is the only way to confirm the location of an ongoing stroke and it will help rule out prior stroke. Note, you should not wait on receiving the clot busting medication (TPA) for this confirmatory diagnostic test.

 - An ischemic stroke is four (4) times more likely to occur than a hemorrhagic stroke. You are at a higher risk for stroke if you are overweight, smoke or have other risk factors such as family history of stroke. It is our hope by providing you with this information, it will reduce the number of medical errors and misdiagnosis and may save you or your family's life and prevent brain loss and unneeded months of rehabilitation.

- Bottom line, you should always assume the worst and have your doctor specifically rule out stroke in the emergency room. Be adamant and have your family be adamant prior to discharge. You would be shocked at the number of people who have called our law firm who have been misdiagnosed, discharged only to return within 24 or 48 hours after having a completed stroke.