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Editorial

Attitudes to be Considered towards Stroke by Professionals of Emergency Medical Service

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Stroke (TIA, ischemic, hemorrhagic and silent) is one of the leading causes of death in the world. It is also the main cause of non-traumatic physical and cognitive handicap in the general population including patients with sickle cell anemia [1-4]. This results in premature retirement and undoubtedly makes stroke a medical emergency.

Unfortunately, people including healthcare professionals (e.g. nurses, health auxiliary, physicians) do not promptly recognize clinical features/symptoms of an acute stroke event, and primary care physicians (PCPs) do not always initiate referral of a suspected stroke patient to an adequate hospital (i.e. specialized stroke center). This poor/limited stroke awareness is reflected by the overall low number of patients with acute stroke that reaches emergency medical services within three hours of onset of their symptoms.

To date, there are still limited data available on attitudes and current referral practice of healthcare professionals in the very early management of stroke suspected patients.

Quick attitude, considering the age of the patient and the stroke severity level, shall include: (i) Assessment of vital signs; (ii) Assessment of blood pressure; (iii) Measurement of oxygen rate; (iv) Assessment of glycemia; (v) Assessment of body temperature; (vi) Application of Stroke scale (such as LAPSS, Glasgow Coma Scale); (vii) Neurological examination including magnetic resonance imaging (MRI); (viii) Thrombolysis (usually recombinant tissue plasminogen activator (rt-PA) treatment) within the first 6 hours post-symptoms and ideally 3 hours after (ischemic) stroke; (ix) any necessary perception, appropriate medication (e.g. oxygen therapy, insulin administration, lowering blood pressure) and good medical attitudes (GMA) as soon as possible after stroke onset according to the patient's clinical history.

Continuous education with adoption of an internationally well-established therapeutic and management protocol/strategy and programs (i.e. consortium) increasing awareness of the population and healthcare professionals to perceive stroke as medical emergency are promptly required to reduce the stroke-related mortality, morbidity and psycho-social burden.

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