

In The ED

NSWAS pre-hospital notification, 0150 hrs

- 72/M
- FAST positive with L sided facial droop, slurred speech, L sided arm and leg weakness, pre-hospital notification
- Last seen well at 2230 hrs

FAST Positive or FALSE Positive?

...and it was an *unusually busy* Night Shift...

- Resus Bays 1 and 2 with patients on respiratory support (arrived at 1900 and 2150) waiting to go to the ICU
- 15 patients in the Acute Area!
 - 3 patients waiting to go to the ward but no beds
 - 1 patient in Front of House holding area waiting to go into the Acute area
- Only 2 patients in “Fast Track”
- *Evening shift FACEM still on-site...!*

Night Shift medical staffing
1 Registrar
1 SRMO
1 JMO

So, **NSWAS** handover, **0153** hrs, RESUS 3

- Wife heard coughing and found him fallen out of bed, supine on floor, 0055 hrs
- Call received **0058** hrs
- Dispatched **0101** hrs
- On scene **0105** hrs
- Scene Obs 0110 hrs: HR = 72/min, BP = 130/palp RR = 28/min, SpO₂ = 94% on room air, fingerstick BGL 6.7

NSWAS handover, 0153 hrs

- O₂ applied by nasal prongs
- 12 lead ECG performed = sinus rhythm
- Extrication from bedroom floor 0120 hrs
- Attempted 18G IV access 0145 hrs, unsuccessful

FACEM meets crew at Front of House

72/M: PDx = R-sided CVA

ED Timeline

Triaged at **0153** hrs

Dr Dark contacted \pm **0200** hrs

18G IV access L antecubital fossa

CT Perfusion at **0218** hrs

Background History

- Diabetic
- COPD
- AF ***on Apixaban****
- Metastatic (bone) CA Prostate!

Aspirin, Apixaban, Atorvastatin, Metformin
Seretide, Spiriva, Ciclesonide, Doxycycline



25 minutes door-to-CT at 2am?? Sometimes the Ducks just line up

FACEM still on site at 2am...

CT radiographer already called in (for a trauma patient)...

Local Neurologist coincidentally happens to be taking Gen Med call that night...

...and perhaps the helicopter is currently doing nothing and the weather is perfect??