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

• 0₂ 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 ±0200 hrs

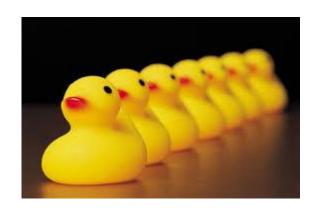
18G IV access L antecubital fossa

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??