

Chapter 3

A challenge in the neurocritical care unit

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1 INTRODUCTION

Stroke is the second leading cause of death and the third leading cause of disability worldwide. Soon, it became a challenge in neurocritical care units due to the low availability of specialized units and scarcity of resources.

2 OBJECTIVES

To describe the reality of the neurocritical patient in the intensive care unit through the procedures adopted for the stroke.

3 METHODOLOGY

This study is a simple summary with a descriptive approach through studies on stroke management.

4 RESULTS

The increasing burden of stroke worldwide strongly suggests that current primary strategies for preventing risk factors for cardiovascular disease are not widely used or are insufficiently effective. Patients with acute ischemic stroke should be evaluated and triaged immediately to receive appropriate treatment. In this bias, it is extremely important to perform a standardized and complete neurological assessment (NIHSS). However, there is a precariousness of the necessary resources and neurocritical care units available, since a small proportion of patients are currently receiving thrombolytic therapy due to a lack of screening and initial misconduct. Treatment of stroke using rtPA should be performed within 3 hours of the onset of symptoms, but large vessel occlusions seem resistant to the effects of alteplase, and mechanical thrombectomy is considered as a solution. However, patients who undergo thrombolysis and thrombectomy often have complications and must be seen in the ICU for neurological and hemodynamic monitoring.

5 CONCLUSIONS

In summary, there is a management challenge both in disease prevention and in neurocritical care units. These challenges are based on the lack of adherence to preventive care and the precariousness of resources in the neurocritical care unit, making stroke a challenge in the neurological emergency.