



ACUTE STROKE UNIT ORIENTATION

2023

MODULE 8: MONITORING VASCULAR RISK FACTORS AND SECONDARY STROKE PREVENTION

Name: _____ Date: _____

1. The purpose of the *Secondary Stroke Prevention Clinic* is to:
 - a. Provide rapid specialist consult for patients with suspected transient ischemic attack (TIA) and minor, non-disabling stroke
 - b. Facilitate timely investigations to determine etiology
 - c. Support access to timely carotid intervention when indicated
 - d. Counsel on risk reduction, lifestyle modification
 - e. All of the above
2. _____ is the most significant modifiable risk factor for stroke. (Choose one to fill in blank)
 - a. Diabetes
 - b. High LDL
 - c. Hypertension
 - d. Alcoholism

Quiz

- You may use the resource as a reference to answer these questions.
- Submit your completed quiz to the Nurse Clinician or designate for marking.

3. In non-diabetic individuals, the Canadian Hypertension Education Program (Hypertension Canada 2017) states to treat to a target blood pressure of
 - a. Less than 120/80 mmHg
 - b. less than 130/80 mmHg
 - c. less than 140/90 mmHg
 - d. less than 145/90 mmHg

4. *Statins* act as the first line agents in the treatment of dyslipidemia. Possible effects include:
 - a. Anti-inflammatory properties that may help to stabilize the lining of the blood vessels
 - b. Statins may help relax blood vessels thus contributing to lower blood pressure
 - c. Statins may have a blood thinning effect thus reducing the risk of blood clots
 - d. All of the above

TRUE/FALSE Questions

(CIRCLE the correct letter)

- T F** 1. All patients with ischemic stroke or transient ischemic attack should be prescribed antiplatelet therapy for secondary prevention of recurrent stroke unless there is an indication for anticoagulation.
- T F** 2. Medication management in stroke prevention usually involves a combination of medications, often including an antihypertensive, a statin and an antithrombotic.
- T F** 3. Carotid endarterectomy or stenting is appropriate for all patients with 50-99% stenosis.
- T F** 4. An accumulation of 150 minutes of brisk walking or other dynamic exercise in a minimum of 10 minute segments for 5 to 7 days a week is recommended to reduce stroke risk.
- T F** 5. Smoking doubles the risk for ischemic stroke.
- T F** 6. One reason a patient with atrial fibrillation may not be prescribed a novel/direct oral anticoagulant (i.e., dabigatran, rivaroxaban, apixaban, edoxaban) is the presence of a mechanical heart valve.

SCORE: _____ / 10

Stroke Unit/Medical Unit Nurse Clinician/Designate

SIGNATURE