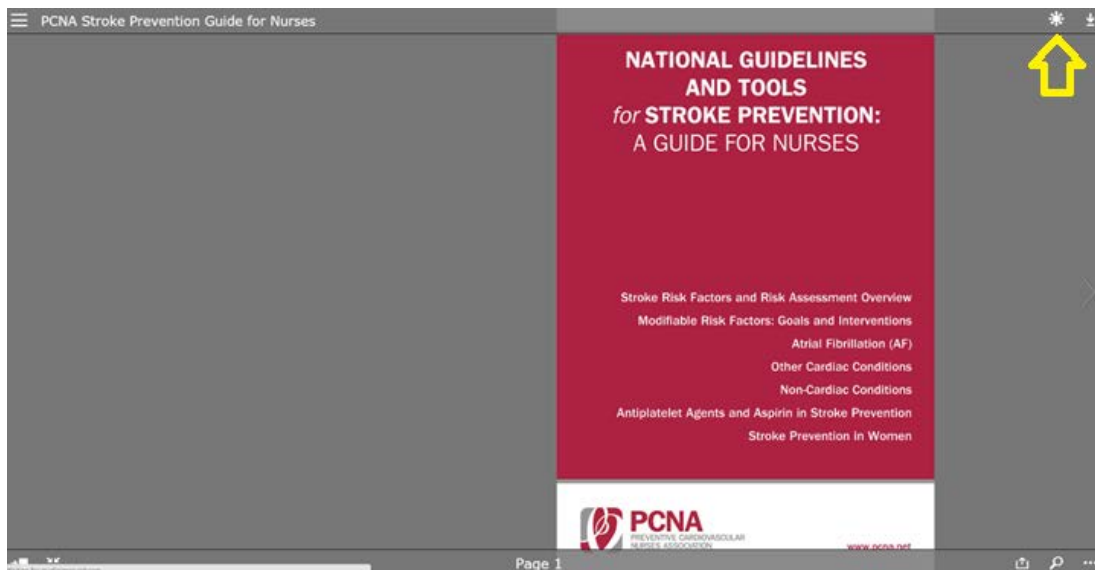


# Directions for using the Stroke Prevention Pocket Guide

For a basic overview of how to use this piece, please click on the gear icon in the upper right-hand corner. That will take you to the tutorial.

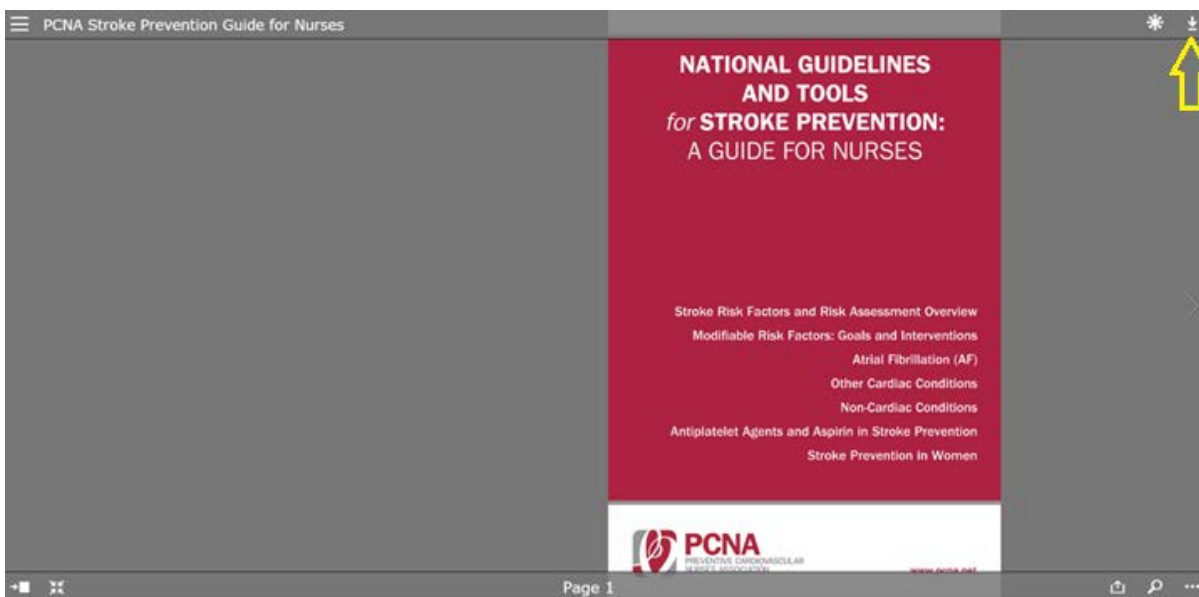


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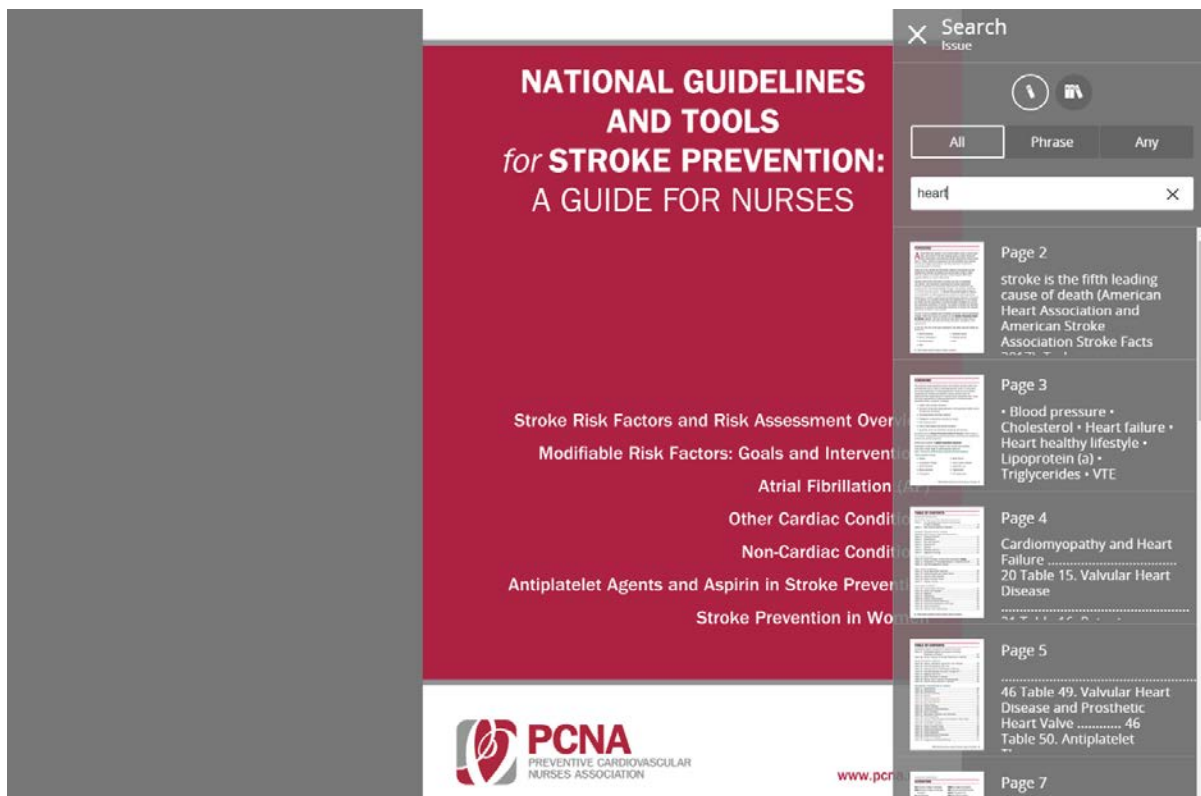
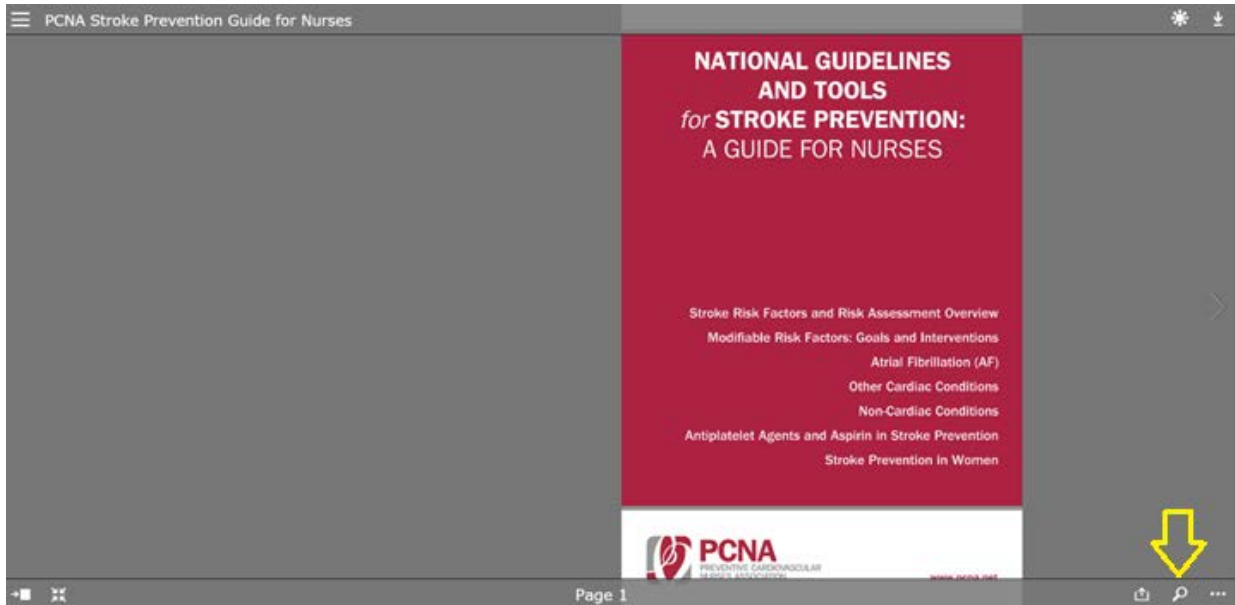
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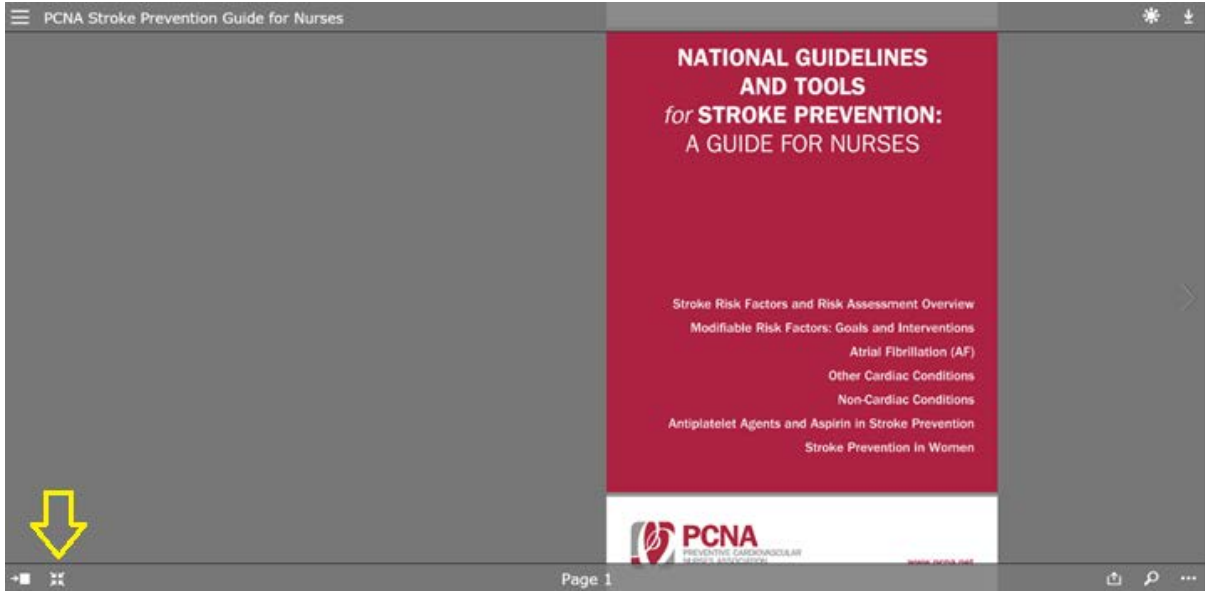
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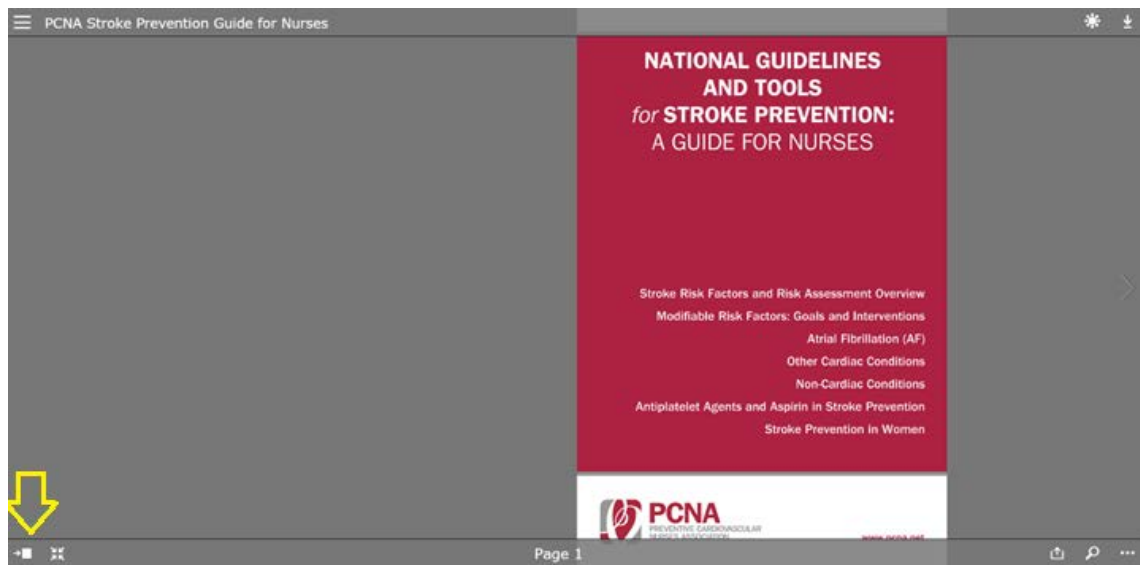
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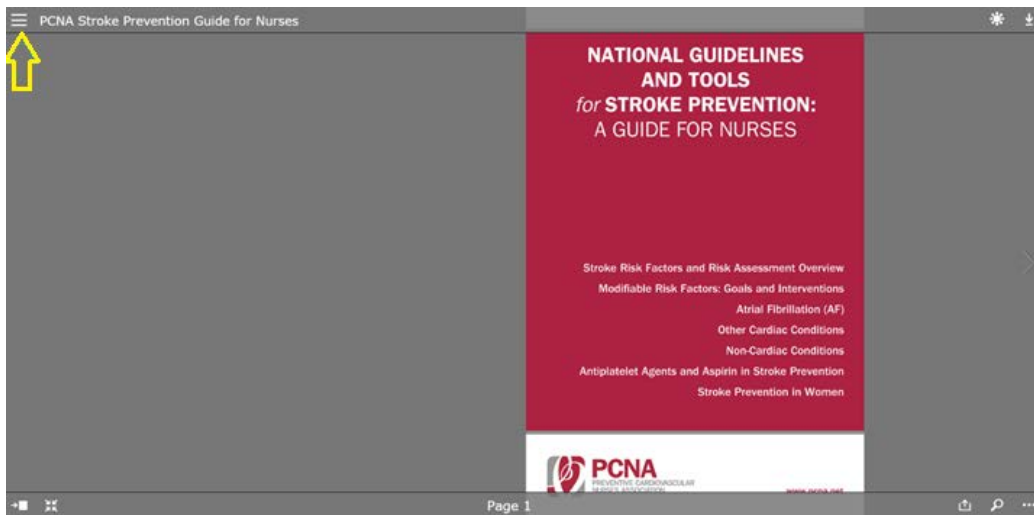
4. To select a new page without scrolling through the entire document, click on the arrow pointing at the box in the lower left-hand corner. Slide the dot to the left to right to change pages.



PRIMARY PREVENTION OF STROKE		
<b>TABLE 16. PATENT FORAMEN OVALE</b>		
<b>Recommendation</b>	<b>COR</b>	<b>LOE</b>
Antithrombotic treatment and catheter-based closure are not recommended in patients with patent foramen ovale for primary prevention of stroke.	III	C
<i>Adapted from 2014 AHA/ASA Guidelines for Primary Prevention of Stroke</i>		
<b>TABLE 17. CARDIAC TUMORS</b>		
<b>Recommendation</b>	<b>COR</b>	<b>LOE</b>
Surgical excision is recommended for treatment of atrial myxomas.	I	C
Surgical intervention is recommended for symptomatic fibroelastomas and for fibroelastomas that are >1 cm or appear mobile, even if asymptomatic.	I	C
<i>Adapted from 2014 AHA/ASA Guidelines for Primary Prevention of Stroke</i>		
<b>NON-CARDIAC CONDITIONS</b>		
A variety of non-cardiac conditions place individuals at risk for stroke. These include asymptomatic carotid stenosis or the presence of atherosclerotic plaque in the extracranial internal carotid artery or carotid bulb. Sickle cell disease (SCD) is a genetic disorder characterized by chronic anemia and manifests in acute vaso-occlusive crises. Stroke in young adulthood is a major complication of SCD with an estimated prevalence of 11% by age 20.		
Migraine headache has been associated with especially those who experience migraine with well-documented and potentially modifiable prevention of stroke include alcohol and drug hyperhomocysteinemia, elevated Lp(a), infection and hypercoagulability.		
<i>Adapted from 2014 AHA/ASA Guidelines for Primary Prevention of Stroke</i>		
22 PCNA Stroke Prevention Guide for Nurses: Non-Cardiac Conditions		

PRIMARY PREVENTION OF STROKE		
<b>TABLE 18. CAROTID ARTERY STENOSIS</b>		
<b>Recommendation</b>	<b>COR</b>	<b>LOE</b>
Patients with asymptomatic carotid stenosis should be prescribed daily aspirin and a statin. Patients should also be screened for other treatable risk factors for stroke, and appropriate medical therapies and lifestyle changes should be instituted.	I	C
It is reasonable to consider performing carotid endarterectomy in asymptomatic patients who have >70% stenosis of the internal carotid artery if the risk of perioperative stroke, myocardial infarction, and death is low (<3%). However, its effectiveness compared with contemporary best medical management alone is not well established.	IIa	A
It is reasonable to repeat duplex ultrasonography annually by a qualified technologist in a certified laboratory to assess the progression or regression of disease and response to therapeutic interventions in patients with atherosclerotic stenosis >50%.	IIa	C
Prophylactic carotid angioplasty and stenting might be considered in highly selected patients with asymptomatic carotid stenosis (minimum, 60% by angiography, 70% by validated Doppler ultrasound), but its effectiveness compared with medical therapy alone in this situation is not well established.	IIb	B
In asymptomatic patients at high risk of complications for carotid revascularization by either carotid endarterectomy or carotid angioplasty and stenting, the effectiveness of revascularization versus medical therapy alone is not well established.	IIb	B
<i>Adapted from 2014 AHA/ASA Guidelines for Primary Prevention of Stroke</i>		
PCNA Stroke Prevention Guide for Nurses: Non-Cardiac Conditions 23		

5. To view the table of contents, click on the three lines in the upper left-hand corner.



Click "Table of contents" or "contents view" and choose your page by topic. You can click on the words in the table.

TABLE OF CONTENTS	
<ul style="list-style-type: none"> <li>PCNA</li> <li>Page View</li> <li>Table of Contents</li> <li>Contents View</li> <li>Settings           <ul style="list-style-type: none"> <li>Language</li> <li>Help</li> </ul> </li> </ul>	<p><b>GUIDELINE RESOURCES</b></p> <p>Table 1. Ten Modifiable Risk Factors Contributing to 90% of Strokes ..... 9</p> <p>Table 2. Risk Factors Specific to Women ..... 10</p> <p><b>PRIMARY PREVENTION OF STROKE</b></p> <p>Modifiable Risk Factors: Goals and Interventions</p> <p>Table 3. Physical Inactivity ..... 11</p> <p>Table 4. Dyslipidemia ..... 12</p> <p>Table 5. Diet and Nutrition ..... 12</p> <p>Table 6. Hypertension ..... 13</p> <p>Table 7. Obesity ..... 13</p> <p>Table 8. Diabetes Mellitus ..... 14</p> <p>Table 9. Cigarette Smoking ..... 14</p> <p>Atrial Fibrillation (AF)</p> <p>Table 10. Atrial Fibrillation Stroke Risk Calculators (links) ..... 15</p> <p>Table 11. Prevention of Thromboembolism in Patients with AF ..... 16</p> <p>Table 12. Oral Anticoagulants Dosing ..... 18</p> <p>Other Cardiac Conditions</p> <p>Table 13. Acute Myocardial Infarction ..... 20</p> <p>Table 14. Cardiomyopathy and Heart Failure ..... 20</p> <p>Table 15. Valvular Heart Disease ..... 21</p> <p>Table 16. Patent Foramen Ovale ..... 22</p> <p>Table 17. Cardiac Tumors ..... 22</p> <p>Non-Cardiac Conditions</p> <p>Table 18. Carotid Artery Stenosis ..... 23</p> <p>Table 19. Sickle Cell Disease ..... 24</p> <p>Table 20. Migraine ..... 24</p> <p>Table 21. Drug Abuse ..... 24</p> <p>Table 22. Alcohol Consumption ..... 25</p> <p>Table 23. Sleep-Disordered Breathing ..... 25</p> <p>Table 24. Hyperhomocysteinemia and Lp(a) ..... 25</p> <p>Table 25. Hypercoagulability ..... 26</p> <p>Table 26. Infection and Inflammation ..... 26</p>

The contents view shows large ideas and summaries.

The screenshot displays the 'PCNA Stroke Prevention Guide for Nurses' in a 'Contents View'. The page features a dark header with the PCNA logo and a search icon. Below the header, the title 'PCNA Stroke Prevention Guide for Nurses' is centered. The main content area is a grid of seven summary cards, each with a title and a brief overview of the section's content. The cards are: 'Stroke Risk Factors and Risk Assessment Overview', 'Modifiable Risk Factors: Goals and Interventions', 'Atrial Fibrillation (AF)', 'Other Cardiac Conditions', 'Non-Cardiac Conditions', 'Antiplatelet Agents and Aspirin in Stroke Prevention', and 'Stroke Prevention in Women'. A seventh card, 'Secondary Prevention of Stroke', is located at the bottom left. Each card includes a small icon and a left-pointing arrow, indicating that clicking on it will navigate to the full content of that section.

**Stroke Risk Factors and Risk Assessment Overview**  
Adults should know the levels and significance of cardiovascular risk factors as routinely assessed by their health care providers. Risk factor assessment should begin at age 20 years and include regular updates regarding family history, smoking status, alcohol use, diet and physical activity assessment, BP, BMI or waist circumference, and fasting blood lipid levels. To calculate risk in patients aged 40-79 years.

**Modifiable Risk Factors: Goals and Interventions**  
Primary stroke prevention refers to the treatment of individuals with no history of stroke or TIA. Risk-reduction measures play an essential role in primary stroke prevention. Physical inactivity, dyslipidemia, diet, hypertension, obesity, diabetes mellitus, and smoking are modifiable risk factors that can be improved through lifestyle behavior change and medications. Table 3. Physical Inactivity. Table 4.

**Atrial Fibrillation (AF)**  
Atrial fibrillation (AF)-associated thromboembolic events account for approximately 10% of all ischemic strokes in the United States. AF is associated with a four- to five-fold increase in the risk of ischemic stroke, independent of cardiac valve disease. Because a substantial number of AF-related strokes occur in older patients with previously undiagnosed AF, the 2014 ACC/AHA/HRS Atrial Fibrillation Guideline suggests it may be useful to screen patients older

**Other Cardiac Conditions**  
In addition to AF, several other cardiac conditions are associated with stroke. Specific recommendations exist to prevent stroke in individuals with acute myocardial infarction (AMI), cardiomyopathy and heart failure, valvular heart disease, patent foramen ovale (PFO), and cardiac tumors. Table 13. Acute Myocardial Infarction. Table

**Non-Cardiac Conditions**  
A variety of non-cardiac conditions place individuals at risk for stroke. These include asymptomatic carotid stenosis or the presence of atherosclerotic plaque in the extracranial internal carotid artery or carotid bulb. Sickle cell disease (SCD) is a genetic disorder characterized by chronic anemia and manifests in acute

**Antiplatelet Agents and Aspirin in Stroke Prevention**  
The use of aspirin in the primary prevention of cardiovascular disease and stroke has been an ongoing discussion and must be determined on the basis of sufficiently high cardiovascular risk for the benefit to outweigh the bleeding risks associated

**Stroke Prevention in Women**  
Women are disproportionately affected by stroke when compared to men. An estimated 3.6 million women in the U.S. are living after having survived a stroke. Stroke is the third leading cause of death among women and the fifth leading cause of death among men. Several risk factors for

**Secondary Prevention of Stroke**  
Survivors of stroke carry an increased risk for new stroke. These guidelines address prevention of stroke in patients with a history of ischemic stroke (IS) or hemorrhagic stroke, or transient ischemic attack (TIA). These recommendations were new or revised in 2014 for Guidelines for the Prevention of Stroke in Patients with Stroke and Transient Ischemic Attack: A Guideline for Healthcare Professionals from the American Heart Association/American Stroke Association. Table 37.

To go back to the table of contents after reviewing a section, just click again on the three lines at the top left hand corner.