

Stroke Practice Questions

(Asterisks*** indicate correct response)

1. A person presenting with a left lower extremity weakness most likely involves which vascular territory?

a. the anterior cerebral artery***

b. the middle cerebral artery

c. the posterior cerebral artery

d. the basilar artery

2. The right hemisphere is most commonly the dominant hemisphere responsible for communication.

a. true

b. false***

3. The complication of diabetes insipidus after a stroke is due to injury of which of the following?

a. the hypothalamus***

b. the thalamus

c. the substantia nigra

d. the midbrain

4. Which of the following types of stroke is most likely to develop hydrocephalus?

a. a lacunar stroke

b. a subarachnoid hemorrhage***

c. a cardioembolic stroke

d. a thrombotic stroke

5. Where is the most common area in the brain for obstruction of the CSF flow to occur, resulting in non-communicating hydrocephalus?

a. lateral ventricles

b. foramen of Monro

c. arachnoid villi

d. aqueduct of Sylvius***

6. The gag and swallow reflexes are commonly assessed prior to administering oral fluids following a stroke. Where do the cranial nerves originate that control the gag and swallow reflexes?

a. the cerebral cortex

b. the midbrain

c. the pons

d. the medulla***

7. Based upon the core measures, patients in atrial fibrillation (AF) should have which of the following ordered by the time of discharge?

a. anticoagulation therapy***

b. antiplatelet therapy

c. a beta antagonist

d. a calcium channel blocker

8. Which of the following is a nonmodifiable risk of a stroke?

a. hypertension

b. dyslipidemia

c. diabetes

d. age***

9. A patient with an ischemic stroke is to receive a total dose of 60 mg of rtPA. How much will be administered as a bolus initially?

a. 3 mg IV push

b. 6 mg IV push***

c. 9 mg IV push

d. 12 mg IV push

10. Transcranial Doppler (TCD) studies may be used in which of the following situations?

a. to identify clot resolution during administration of rtPA

b. to identify the presence of patent foramen ovale (PFO)***

c. to differentiate between reversible and irreversible injuries

d. to rule out a hemorrhagic stroke

11. During recovery from a conventional angiogram, the patient becomes agitated and complains of severe low back pain. Which of the following complications of an angiogram is most likely?

a. ischemia to the lower extremity

b. retroperitoneal hemorrhage***

c. hematoma at the insertion site

d. watershed stroke

12. Which of the following is the goal for managing glucose levels?

- a. Treat if greater than 250 mg/dl
- b. Between 140-180 mg/dl*****
- c. Maintain less than 130 mg/dl
- d. Between 80-120 mg/dl

13. Which of the following types of strokes is an ischemic stroke caused by chronic hypertension?

- a. a Moyamoya stroke
- b. a cerebral venous thrombosis stroke
- c. a watershed stroke
- d. a lacunar stroke*****

14. Which of the following is the most common cause of an intracerebral hemorrhage (ICH)?

- a. anticoagulation therapy
- b. hypertension*****
- c. aneurysm rupture
- d. an arteriovenous malformation (AVM) rupture

15. Which of the following is a difference between a comprehensive and a primary stroke center?

- a. MRI/MRA capabilities
- b. neurocritical care units*****
- c. contracts with acute stroke ready hospitals (ASRHs)
- d. low key quality stroke care measurement are tracked

16. Which of the following systems are most likely to use telemedicine and teleradiology to assist with their care of stroke patients?

- a. acute stroke ready hospitals (ASRHs)
- b. primary stroke centers (PSC)
- c. comprehensive stroke centers (CSC)*****
- d. nonprofit hospitals

17. Which of the following is a false statement?

- a. Subluxation of the shoulder is a result of paralyzed muscles not able to support the joint.
- b. The patient should be moved up in bed using the arms to pull.*****
- c. Shoulder subluxation causes shoulder pain.
- d. Do not position patient on the side of the affected shoulder.

18. When positioning a stroke patient, which of the following is a true statement?

- a. Allow the patient to lean toward the preferred side
- b. Good positioning is important to prevent contractures and swelling.*****
- c. Never position the patient on his or her affected side
- d. Families should not be allowed to assist in positioning the patient.

19. Which of the following interventions may improve memory following a stroke?

- a. Use of picture and communication boards
- b. Use of memory books*****
- c. Encourage the patient to read and repeat information

d. Do not remind the patient, but allow the patient to use their own memory to remember events.

20. Which of the following would be the initial treatment of a patient with vasospasm?

- a. Therapeutic hypothermia
- b. Augment hemodynamics
- c. Administer mannitol (Osmitol)
- d. Administer nimodipine (Nimotop)***

21. Which of the following radiologic studies is the gold standard for evaluation an aneurysm prior to intervention?

- a. a computed tomography angiography (CTA)
- b. a magnetic resonance angiography (MRA)
- c. a conventional angiogram (digital subtraction angiogram (DSA))***
- d. a Doppler ultrasound

22. Which of the following complications can occur by administering a hypertonic saline too rapidly?

- a. transtentorial herniation
- b. cytotoxic cerebral edema
- c. central pontine myelinolysis (CPM)***
- d. hydrocephalus

23. Which of the following is a core measurement for PSC and CSC?

- a. NIHSS performed every 15 minutes while receiving rtPA
- b. Obtaining MRI within 20 minutes

c. Discharging patients on statin medication***

d. GI prophylaxis

24. Which of the following are tools used by the EMS providers to assess for a potential stroke?

a. the Cincinnati Scale***

b. the Glasgow Coma Scale

c. the NIH Stroke Scale

d. the Framingham Scale

25. An ischemic stroke patient weighting 100 kg should receive a total of 90 mg of IV rtPA.

a. true***

b. false

26. Currently which of the following mechanical devices has the highest recommendations?

a. MERCI retrieval

b. Penumbra device

c. EKOS catheter

d. TREVO stent***

27. Which of the recommended treatment after a diagnosis of heparin-induced thrombocytopenia (HIT)?

a. Stop heparin and administer warfarin (Coumadin)

b. Stop heparin and administer a direct thrombin inhibitor

c. Stop heparin and evaluate the need for anticoagulation therapy***

d. Change anticoagulation therapy from unfractionated heparin to low molecular weight heparin (LMWH)

28. An aspirin is recommended within 24-48 hours of an ischemic stroke. How long is the antiplatelet effect of an aspirin?

- a. 3 hours
- b. 12 hours
- c. 24 hours
- d. 7 days***

29. Purple toe syndrome is a complication of which medication commonly administered after stroke?

- a. heparin
- b. clopidogrel (Plavix)
- c. aspirin
- d. warfarin (Coumadin)***

30. Which of the following medications may be used to decrease cerebral edema and treat an increased intracranial pressure?

- a. Hypertonic saline***
- b. Tranexamic acid (TXA)
- c. Aminocaproic Acid (Amicar)
- d. lacosamide (Vimpat)

31. Which of the following best defines secondary stroke prevention?

- a. The patient has not had a previous stroke.
- b. The patient has had a cardiovascular event, but not a stroke.

c. The patient has had a previous stroke.***

d. The patient has had both a previous cardiovascular event and a stroke

32. Which of the following classes of drugs is considered the first choice antihypertensive agent for treating patients with diabetes mellitus?

a. ACE inhibitors***

b. beta blockers

c. calcium channel blockers

d. alpha blockers

33. Which of the following should be stressed to the patient and family regarding best transportation to the hospital in case of a second stroke?

a. EMS 911***

b. personal vehicle

c. text

d. next door neighbors

34. Which of the following is a true statement?

a. All types of alcohol can lower risk for strokes.

b. The benefit of alcohol is risk reduction is dose dependent.

c. Recommendations are 2 or fewer drinks per day for men and 1 or fewer per day for women.***

d. Recommendations are that pregnant women should have 1 drink per day.

35. Which of the following is the recommended time for obtaining a noncontrast CT scan after presentation to the ED?

- a. 10 minutes
- b. 25 minutes*****
- c. 45 minutes
- d. 60 minutes

36. Perfusion CT and MRI may be considered for a selection of patients for acute perfusion beyond time window for IV fibrinolysis.

- a. true*****
- b. false

37. Which of the following is an advantage of a standard MRI?

- a. You can identify ischemic stroke within 30 minutes.
- b. You can differentiate reversible from irreversible injury.
- c. You can avoid ionizing radiation.*****
- d. You can identify a hemorrhagic stroke.

38. A noncontract CT scan will not demonstrate an ischemic stroke early, but which of the following signs may indicate a large vessel obstruction on CT scan?

- a. a hyperdense vessel sign*****
- b. a hydrocephalus
- c. an effacement of cisterns
- d. a transtentorial shift

39. When a stroke patient is positioned on their back which of the following is recommended for the affected leg?

- a. Keep leg crossed over the unaffected leg.
- b. Keep legs apart to encourage hips to turn out
- c. Place a pillow on affected buttock to relax the leg*****
- d. Keep knee bent and foot on the bed.

40. Which of the following is a recommended intervention to assist the post stroke patient in preventing incontinence?

- a. Limit fluid intake
- b. Encourage use of bedpan instead of ambulating to the bathroom
- c. Provide regular toileting to promote continence*****
- d. Place indwelling urinary catheter

41. A patient present to the ED with the “worst headache of their life.” It is associated with focal neurological deficits. What is the most likely cause of the headache?

- a. a thrombotic stroke
- b. a cardioembolic stroke
- c. an intracerebral hemorrhage
- d. a subarachnoid hemorrhage*****

42. A patient presents with a hemorrhagic stroke due to anticoagulation therapy with a vitamin K antagonist. His INR is 3.2. Which of the following is appropriate for initial reversal of the bleeding disorder?

- a. Administer protamine sulfate
- b. Administer FFP and vitamin K*****
- c. Initiate hemodialysis
- d. Administer recombinant Factor VIIa (Novo-Seven)

43. Which of the following statements is most correct regarding recommendations for the management acute ischemic stroke?

- a. Maintain glucose between 80 and 110 mg
- b. Initiate therapeutic hypothermia (32-34 degrees C)
- c. Administer prophylactic antiepileptic medication
- d. Manage persistent hypotension with fluid and vasopressors***

44. What is the recommended rate of administering phenytoin (Dilantin) IV for control of seizures?

- a. Administer as an IV rapid push
- b. Administer over 5 minutes
- c. Administer no faster than 50 mg/minute***
- d. Administer as a continuous infusion until the seizure is controlled

45. Which of the following is the antidote or reversal agent for heparin or low molecular-weight heparin (LMWH)?

- a. vitamin K
- b. hemodialysis
- c. protamine sulfate***
- d. desmopressin (DDAVP)

46. In the prehospital setting, which of the following blood pressure readings would require treatment in a potential ischemic stroke patient?

- a. 108/74***
- b. 158/90
- c. 188/96

d. 204/102

47. Ischemic stroke patients commonly require intubation and mechanical ventilation due to respiratory failure?

a. true

b. false***

48. Which of the following is a potential complication of rtPA?

a. nausea and vomiting

b. hypotension

c. angioedema***

d. increased ICP

49. A patient seen in the neurology clinic describes experiencing facial drooping and slurred speech about 6 hours ago, but it resolved completely. There are multiple risk factors for a stroke. Which of the following would be the best intervention for the patient at this time?

a. Initiate fibrinolytic therapy and transfer the patient to a hospital

b. Admit the patient to a monitored bed (ICU or telemetry) and perform inpatient diagnostic evaluation***

c. Complete a rapid outpatient evaluation and manage with primary or secondary stroke prevention tools

d. Set up a follow-up appointment in the clinic to evaluate the patient

Additional Stroke Practice Questions

50. A person with a stroke who seems unaware of the existence of their disability has which of the following?

a. abulia

b. anisocoria

c. anosognosis***

d. apraxia

51. Which of the following statements best describes the pathophysiology of occlusion from ischemic stroke?

a. Decreased cellular energy leading to decreased free radicals

b. Increased perfusion of the surround penumbra

c. Decreased cerebral blood flow leading to decrease perfusion***

d. Increased disruption in overall cellular metabolism

52. A patient presents complaining of diplopia. During assessment the nurse notices a lack of horizontal eye movements, while vertical tracking is preserved. The nurse suspects internuclear ophthalmoplegia (INO). What area of the brain is MOST likely affected?

a. Cerebellum

b. Brainstem***

c. Wernicke's area

d. Broca's area

53. A 63 year old male present with stroke like symptoms and a blood pressure of 260/140 mm Hg. He has a history of heaving drinking and methamphetamine use. Based on these findings, what should the nurse suspect?

a. Right middle cerebral artery infarct

b. Basal ganglia hemorrhage***

c. Cerebellar hemorrhage

d. Basilar artery infarct

54. A patient present to the emergency department (ED) with signs and symptoms consistent with a stroke. The non-contrast CT scan is negative for hemorrhage. The neurologist orders aspirin, 325 mg po now. The FIRST action the nurse should take is to do which of the following?

- a. Give the medication as ordered
- b. Obtain an order to place a nasogastric tube
- c. Check that the INR is less than 1.7
- d. Verify the result of a dysphagia screen*****

55. A 66 year old present to the emergency department (ED) with left sided facial droop, dysarthria, and left-sided weakness. According to the neighbor, the patient was last seen normal five hours prior to arrival. The patient has a NIHSS of 8. The CT scan is negative for blood and labs are normal. The nurse should prepare the patient for which of the following?

- a. IV tPA per protocol
- b. transfer to the ICU for further observation
- c. immediate EEG
- d. interventional procedures*****

56. A patient present to the emergency department (ED). Testing indicates that the patient has an elevated INR and an ICH. Family states that the patient is taking warfarin. The patient should FIRST receive which of the following?

- a. Therapy to replace vitamin K-independent factors*****
- b. Advanced imaging to determine the cause of the hemorrhage
- c. IV antiepileptic drug therapy for seizure prophylaxis
- d. Physical, occupational, and speech therapy consults

57. A patient diagnosed with atrial fibrillation should be educated that is condition is associated with which of the following?

- a. Decreased risk of stroke and mortality
- b. Increased risk of stroke and mortality*****
- c. Increased risk of stroke and decreased risk of mortality
- d. Decreased risk of stroke and increase risk of mortality

58. A watershed infarct typically refers to which of the following?

- a. Stroke between two adjacent cerebral arteries*****
- b. Hemorrhagic transformation
- c. Stroke with associated hydrocephalus
- d. Hemorrhage in the pons

59. Cerebrospinal fluid is produced at a rate of which of the following?

- a. 3-4 ml/minute
- b. 1-2 ml/minute
- c. 0.3-0.4 ml/minute*****
- d. 0.1-0.2 ml/minute

50. A patient with locked-in syndrome MOST likely had an infarction of which anatomic structure?

- a. thalamus
- b. substantia nigra
- c. pons*****
- d. hippocampus

51. Which of the following conditions could cause a stroke mimic?

- a. Oversedation
- b. Atrial fibrillation
- c. Trigeminal neuralgia
- d. Migraine headache***

52. Which of the following is a risk factor for spontaneous carotid dissection?

- a. Connective tissue disease***
- b. Aneurysm
- c. Peripheral vascular disease
- d. Anticoagulation

53. A lacunar infarct is indicative of an ischemic event in which of the following?

- a. in a small artery***
- b. that has resolved
- c. in the brainstem
- d. without clinical symptoms

54. The MOST important action to emphasize in a community education program that will directly improve patient outcome and disability is which of the following?

- a. activation of EMS***
- b. documentation of symptoms onset
- c. identification of the risk factors
- d. monitoring of the blood pressure

55. Which of the following is the MOST significant risk factor for stroke?

- a. Smoking
- b. Hypertension*****
- c. Family history
- d. Diabetes

56. Oral contraceptives may increase the risk of stroke in women who have which of the following characteristics?

- a. Take combined progesterone and estrogen
- b. Smoke cigarettes*****
- c. Have never been pregnant or given birth
- d. Live at high altitudes

57. One fourth of all strokes occur in patients under which age?

- a. 75 years
- b. 65 years*****
- c. 55 years
- d. 45 years

58. The nurse is educating a group of high school students on stroke prevention focusing on cigarette use. Which of the following is accurate?

- a. Cigarette smoking increases the incidence of ischemic stroke but not subarachnoid hemorrhage (SAH).
- b. Passive smoke exposure is not associated with stroke.

c. Smoking cessation is associated with rapid reduction in stroke risk.***

d. Limited cigarette smoking in social settings does not increase your risk of stroke.

59. According to the alteplase (rtPA) package insert, which of the following is an exclusion for administration?

a. Platelet count of 107,000 mm³

b. Myocardial infarction occurring four months ago

c. Systolic blood pressure of 180 mm Hg

d. Bleeding diathesis***

60. Which assessment findings are MOST consistent with alterations in posterior cerebral circulation?

a. Left hemiparesis and neglect

b. Right hemiplegia and aphasia

c. Headache and dysarthria

d. Ataxia and visual defects***

61. Which of the following scales is a predictor of the two-day risk of stroke after TIA?

a. CHADS2

b. NIHSS

c. Hunt and Hess

d. ABCD²***

62. While receiving rtPA, the patient declines neurologically. What is the nurses' FIRST priority?

a. Obtain a stat CT scan

- b. Perform a full NIHSS
- c. Administer labetalol
- d. Stop the infusion*****

63. The standard for door to head CT scan results evaluated is which of the following times?

- a. 10 minutes
- b. 25 minutes
- c. 45 minutes*****
- d. 60 minutes

64. A patient presents to a rural hospital and is being treated for ischemic stroke. A telemedicine consult is initiated and this will result in which of the following?

- a. A transfer to a large urban stroke center
- b. An effective method for providing expert stroke care*****
- c. Will ensure rtPA is given
- d. Will be costly for the patient

65. A patient with cerebral edema and refractory ICP as measured by an EVD is showing signs of brainstem compromise despite receiving maximal hypertonic fluid therapy. Which intervention should the nurse anticipate next?

- a. Ventriculoperitoneal shunt
- b. Hypothermia protocol
- c. Barbiturate coma protocol
- d. Decompressive craniectomy*****

66. A patient present with a large left parietal ICH and BP of 225/154 mm Hg. The nurse should anticipate the administration of

- a. An angiotensin II receptor agonist PO daily and rechecking BP every 2 hours
- b. A one time dose of beta blocker IV and rechecking BP in 30 minutes
- c. Continuous IV infusion of a vasodilator and recheck BP every 5 minutes*****
- d. an ACE inhibitor PO every 6 hours, and rechecking PB hourly

67. Which of the following is a sign elicited during physical examination that reveals meningeal irritation?

- a. Battle's sign
- b. Kernig's sign*****
- c. Lhermitte's sign
- d. Tinel's sign

68. An NIHSS number of 30 indicates which of the following about the patient with stroke?

- a. The patient is likely to recover.
- b. The patient is likely to be neurologically impaired*****
- c. The patient is a good candidate for rtPA.
- d. The patient is in immediate for surgical intervention.

69. A 911 caller complains of sudden onset of nausea, vomiting and the "worst headache of my life." Upon arrival at the scene, the patient has a Glasgow Coma Scale score of 6. When the report is called to the emergency department (ED), the nurse would expect the patient to be which of the following?

- a. a candidate for tPA administration
- b. intubated and need for mechanical ventilation*****
- c. a candidate for mechanical clot retrieval
- d. in need of immediate surgical intervention

70. a patient has received rtPA for an MCA stroke. The nurse notices that she has poor skin turgor and creatinine of 1.8. A family member states that the patient had the flu for 1 week prior to the stroke. The nurse should anticipate which of the following>

- a. Aggressive fluid resuscitation***
- b. Saline lock and NPO status
- c. Initiation of maintenance fluids of normal saline
- d. Initiation of maintenance fluids of D51/2NS

72. The MOST sensitive and specific imaging technique for demonstrating acute infarction is which of the following?

- a. non-contrast CT
- b. MR diffusion-weighted imaging***
- c. CT with angiography
- d. MR angiography

73. A patient who is diagnosed with a subarachnoid hemorrhage (SAH) is ordered to have a cerebral angiogram. The reason for this diagnostic test is which of the following?

- a. Identify signs of previous infarction
- b. Identify the etiology of the bleed***
- c. Evaluate the velocity of blood flow
- d. Evaluate intracranial pressure

74. Which diagnosis is a contraindication for performing a lumbar puncture?

- a. Vasculitis
- b. Bacterial meningitis

c. Subarachnoid hemorrhage (SAH)***

d. Lyme Disease

75. Which of the following is a potential contraindication to MRI?

a. IV tPA infusion

b. Pacemaker***

c. Mechanical thrombectomy

d. Intracoronary stent

76. The neurologist has ordered a transthoracic echocardiogram (TTE). The nurse knows this test is best for diagnosing which of the following?

a. Ventricular thrombus***

b. Carotid stenosis

c. Atrial aneurysm

D. Pulmonary hypertension

77. A patient present to the emergency department (ED) with the worst headache of their life, nuchal rigidity, and photophobia. The non-contrast head CT is negative. The next diagnostic test to anticipate would be which of the following?

a. Chest x-ray

b. CT perfusion scan

c. Brain MRI

d. Lumbar puncture***

78. A 30 year old woman with sickle cell disease is being seen for stroke prevention diagnostic testing. The main diagnostic test to expect is which of the following?

- a. Head CT
- b. Brain MRI
- c. Cerebral angiogram

d. Transcranial Doppler***

79. A patient is scheduled for a cerebral angiography at 0800 the following morning. Preprocedural care should include:

- a. Keeping the head of the bed flat
- b. Encouraging oral fluid intake

c. Maintaining NPO status after midnight***

d. Monitoring pedal pulses

80. The nurse has an 86 year old new stroke patient that has been placed on oxygen to keep the SpO₂ greater than or equal to 92%. The nurse notices the SpO₂ is 85%. Immediate intervention is needed because of which of the following?

a. The brain does not store oxygen.***

- b. Desaturation puts the patient at risk for a seizure.
- c. Desaturation will alter the basic metabolic panel
- d. Elderly patients are at high risk of pneumonia.

81. A patient with an acute hemorrhagic stroke is admitted from the emergency department (ED) to the ICU. The patient is difficult to arouse and not following commands. The nurse recognizes that a priority nursing action during the first 24 hours is which of the following?

- a. Keeping the head of the bed elevated
- b. Frequent turning and repositioning
- c. Strict measurement of intake and output

d. Frequent assessment of neurologic status***

82. A rare but potential complication of the administration of rtPA is which of the following?

- a. fever

b. anaphylaxis***

c. blurry vision

d. diaphoresis

83. A nurse is caring for an ischemic stroke patient who had complete resolution of stroke symptoms after rtPA. The patient is now showing right-sided weakness and right facial droop. The MOST likely cause of this is which of the following?

a. cerebral vasospasm

b. reperfusion syndrome***

c. hypotension

d. seizure activity

84. An ischemic stroke patient 18 hours from onset of signs and symptoms arrives on the unit. The initial vital signs are temperature 37.7 degrees Centigrade, HR 88 bpm, RR 18 bpm, and BP 170/90 mm Hg and a pain rating of 0 out of 10. Which medications should the nurse administer?

a. Beta blocker

b. Statins

c. Antipyretic***

d. Alteplase

85. The nurse is caring for a patient who was diagnosed with an aneurysmal subarachnoid hemorrhage 8 days ago. The patient develops sudden onset of confusion and left-sided weakness. What is the PROBABLE cause of the neurologic change?

a. Cerebral vasospasm (Delayed cerebral ischemia)***

b. Pneumonia

c. Hypervolemia

d. Delirium

86. A stroke patient has been actively engaged in ADLs for three days. The nurse observes the patient is not participating with therapies, has a decrease in appetite, and is avoiding eye contact. What should the nurse do?

- a. Assess family support system and notify therapy to delay subacute referral
- b. Assess patient's fatigue and encourage activity later in the day
- c. Assess patient's nutritional status and offer dietary supplements
- d. Assess for depression and discuss options with multidisciplinary team***

87. The MOST likely reason for inserting an external ventricular catheter is which of the following?

- a. To check for infection
- b. To administer medication
- c. The patient is having vasospasm
- d. The patient has increased intracranial pressure***

88. At 7-14 days after surgery, a patient with subarachnoid hemorrhage (SAH) secondary to aneurysm is MOST likely at risk for which of the following?

- a. Rebleed
- b. Epistaxis
- c. Vasospasm***
- d. Hiccups

89. A hemorrhagic stroke patient has a sodium of 128 mg/dl, low urine output and weight gain. The nurse would expect which of the following?

- a. Hyperosmolar nonketotic hyperglycemia (HHNK)
- b. Diabetes insipidus (DI)
- c. Syndrome of Inappropriate Antidiuretic Hormone (SIADH)***

d. Cerebral Salt Wasting (CSW)

90. A stroke patient with BP 210/112 mm Hg has been administered an IV push antihypertensive medication. On recheck, the patient is sleepy and difficult to arouse with a BP of 148/88 mm Hg. The nurse recognizes which of the following?

a. This is a normal finding; the patient is exhausted from being in the hospital

b. The blood pressure was lowered too aggressively and the patient needs increased cerebral perfusion.***

c. The patient likely experience another stroke.

d. The blood pressure remains elevated; the patient should receive additional antihypertensive treatment.

91. The nurse is caring for patient who is diagnosed with a vertebral dissection. The patient asks the nurse, "How did this happen?" The nurse should explain this was MOST likely caused by which of the following?

a. Sleep apnea

b. Vascular trauma***

c. Uncontrolled hypertension

d. Uncontrolled blood pressure.

92. The patient is admitted to the ICU with a diagnosis of intracerebral hemorrhage (ICH). His NIHSS is 30 on admission and neurosurgical intervention is not indicated. Which of the following statements best describes the patient's prognosis?

a. The patient has a good prognosis and will likely make a complete recovery.

b. The patient is a good candidate for inpatient rehabilitation.

c. There is a high probability for significant morbidity and mortality.***

d. The patient has no chance of meaningful recovery and death is imminent.

93. A 32 year old with expressive aphasia and right sided weakness is able to communicate right arm pain of 5 out of 10. What intervention would the nurse perform FIRST?

a. Administer an analgesic medication

b. Notify the physician

c. Obtain a stat EKG.

d. Reposition the patient and reassess.***

94. A patient has been scheduled for embolization of a left arteriovenous malformation (AVM). The goal of this treatment is which of the following?

a. Management of recurrent headaches

b. Control of arterial blood pressure

c. Removal of the malformation

d. Occlusion of deep arterial feeding vessels.***

95. A patient's MRI report describes a low flow, low pressure vascular lesion in the left temporal lobe. The nurse knows that the most likely diagnosis is which of the following?

a. Acute vasculitis

b. Cavernous angioma***

c. IV contrast lesion

d. Arteriovenous malformation

96. A 47 year old patient with recent head trauma is being evaluated for pulsatile tinnitus, headache, and visual disturbances. These symptoms may indicate which of the following?

a. Moyamoya disease

b. Dural arteriovenous fistula***

c. Herpes vasculitis

d. Cavernous angioma.

97. A patient with a right middle cerebral artery ischemic stroke is experiencing intracranial hypertension unresponsive to medical management. The physician states that the patient requires surgical intervention. The MOST likely operative procedure will be which of the following?

a. Craniotomy

b. Craniectomy***

c. Burr holes

d. Placement of lumbar drain

98. The nurse that the patient has quiet and slow speech with inappropriate silences and audible inspiration. These are characteristic of which of the following?

a. Aphasia

b. Agnosia

c. Dysphagia

d. Dysarthria***

99. A patient underwent placement of an extracranial artery stent for high-grade stenosis. Expected discharge instructions would include dual antiplatelet therapy, including aspirin indefinitely and clopidogrel for at least how long?

a. 30 days***

b. 14 days

c. 7 days

d. 24 hours

100. A patient with increased vasogenic edema has mannitol 25 gm IV every 3 hours. What are the nursing considerations when administering this medication?

a. Need for hypertensive management, sedation, and analgesia

b. Serum osmolarity, CPP-goals, and fluid balance***

c. Hypotonic fluids, head of bed position, and arterial line

d. Venous thrombus prevention, head of bed position, and pulmonary toilet

101. Further education is needed for a patient post stenting of a right internal carotid artery who is prescribed antiplatelet medication if the patient makes which of the following statements.

a. "I can take two doses at the same time if I miss a dose."***

b. "I can take this medication with or without food."

c. "I should only take this medication as ordered to prevent another stroke."

d. "I need to inform my physician prior to any surgical procedure."

102. A patient developed sudden onset of slurred speech, right facial droop, and right sided weakness. History includes an acute subdural hematoma two months ago and hypertension. Blood pressure 210/100 mm Hg, blood glucose 180 mg/dl. What initial treatment plan would the nurse expect?

a. Obtain an MRI and prepare to administer rtPA

b. Manage the patient's hypertension and hyperglycemia and begin a stroke work-up***

c. Contact the neurologist who provided previous care

d. Evaluate compliance with current medications.

103. A patient is receiving a heparin infusion for treatment of a large venous sinus thrombosis. Which laboratory test is used to evaluate dosing?

a. Prothrombin time (PT)

b. Fibrinogen split products (FSP)

c. International normalized ratio (INR)

d. Partial thromboplastin time (PTT)***

104. An adverse effect associated with anticonvulsant therapy is which of the following?

a. Alteration in mentation***

b. Pupillary dilation

c. Positive Babinski reflex

d. Homonymous hemianopsia

105. A patient member asks why a patient who is three days post subarachnoid hemorrhage (SAH) is being given nimodipine. The nurse explains which of the following about nimodipine?

a. Prevents cerebral edema

b. Improves neurological outcomes***

c. Improves urine output

d. Prevents cerebral salt wasting

106. A family member asks the nurse why the patient diagnosed with a stroke has been prescribed a statin medication despite having normal cholesterol levels. Which is the MOST appropriate response?

a. Explain that the physician ordered it because it is a core measure.

b. Provide the family member with a pamphlet on diabetes management.

c. Provide the family member with a list of potential side effects of the medications.

d. Explain that this medication has been shown to prevent recurrent events.***

107. The discharge disposition MOST likely to result in the best outcomes for a motivated 67 year old stroke patient with hemiplegia aphasia, and good family support is which of the following?

a. Outpatient rehabilitation

b. Acute inpatient rehabilitation***

c. Skilled nursing facility (SNF) and the facilities available

d. Home with home health care

108. Constraint-induced movement therapies (CIMT) consisted of constraining which of the following?

a. Affected leg

b. Unaffected leg

c. Affected arm

d. Unaffected arm***

109. A patient is experiencing neglect related to a right hemispheric stroke. Which intervention would be performed?

a. Transfer patient from left side to chair with physical therapy

- b. Position call light, meal trays, and belonging on the left side of food
- c. Approach the patient from the right side and move toward the middle*****
- d. Have the family sit on the right side of the bed while visiting.

110. Patients recovering from stroke may be at risk for which of the following?

- a. schizophrenia
- b. bipolar disorder
- c. attention deficit disorder
- d. depression*****

111. In an acute rehabilitation facility, a patient with normal cognition expresses concern to the nurse about sexual functioning after a stroke. The MOST appropriate nursing action would be which of the following?

- a. Explain that it is an inappropriate topic but offer to set an appointment with a physician.
- b. Ask open-ended questions to further evaluate the patient's concerns.*****
- c. Tell the patient to discuss this with a physician for medication after discharge
- d. Reply that sexual functioning should not be affected by stroke.

112. Research indicates which one of the following components of an organized stroke system of care results in decreased mortality and morbidity?

- a. Institutional and national data collection
- b. Competent community education*****
- c. Stroke legislation
- d. Enhanced rehabilitation.

113. In the United States, the estimated percentage of ischemic stroke patients that received IV tPA nationwide is which percentage?

- a. 2-7%*****
- b. 8-15%
- c. 16-30%

d. 31-40%

114. Interventions aimed at decreasing door-to-needle times for thrombolytic therapy are associated with which of the following?

- a. A reportable metric for core measures
- b. An increase in hemorrhagic conversion
- c. A higher percentage of successful thrombectomies

d. Decrease long-term disability***

115. The evidence-based standard used to measure neurological function improvement over time is which of the following scales?

- a. Glasgow Coma Scale
- b. NIH Stroke Scale*****
- c. Hunt and Hess Scale

d. Scripps Neurological Rating Scale

116. A 67 year old man with a history of hypertension, diabetes, hyperlipidemia, and smoking present to the emergency department complaining of persistent dizziness for the last week but that has now become so severe he is having double vision and nausea and vomiting. His wife tells you that she noticed a left-sided facial droop and slurring of his speech a couple of hours ago. The patient also feels weakness in his the left arm and leg. He denies having headaches or seizures. Heat CT is negative for acute bleed. Upon returning to the room he becomes increasingly obtunded and difficult to arouse. You notice he now has nystagmus and a slightly dysconjugate gaze. His exam appears to be worsening now with the right upper extremity weakness in addition to his left hemiparesis . What type of stroke syndrome are you concerned he may be experiencing?

- a. Wallenberg's stroke
- b. Dissection of the right internal carotid artery

c Acute basilar artery occlusion***

d. Superior cerebellar artery stroke

117. You are assessing a 35 year old man who has been in a motor vehicle crash and during the exam you notice he has some abnormal eye exam findings and weakness in the right arm

and leg (arm more than leg). He has a droopiness of the left eyelid, and his pupils are unequal. The left pupil is 3 mm in diameter and the right is 5 mm in diameter. Both pupils are round and reactive to light. Although it is a hot, humid day, you notice he is not sweating from the heat. What stroke syndrome do you suspect your patient is experiencing.

- a. Weber's syndrome
- b. Amaurosis fugax
- c. Locked-in syndrome

d. Horner's syndrome***

118. Considering the patient in the previous question, what do you think is a possible cause of these symptoms?

- a. Occlusion of the middle cerebral artery
- b. Dissection of the left internal carotid artery*****
- c. Dissection of the right internal carotid artery
- d. Anterior cerebral artery stroke

119. A patient presents with central retinal artery occlusion. As you evaluate the neuroimaging, you recognize that the most likely etiology is artery-to-artery thrombosis from which artery?

- a. Basilar artery
- b. Middle cerebral artery
- c. Posterior inferior cerebellar artery
- d. Carotid artery*****

120. A patient is admitted in the emergency department with acute symptoms of hemiparesis, hemisensory loss, gaze preference and aphasia. Which vessel do you suspect is involved in the stroke?

- a. Anterior cerebral artery
- b. Middle cerebral artery*****
- c. Posterior cerebral artery

d. Posterior cerebellar artery

121. What cluster of symptoms is consistent with Weber's syndrome?

a. Ipsilateral cranial nerve 3 palsy, contralateral hemiparesis***

b. Ipsilateral cranial nerve 4 and 6 palsy, contralateral hemiparesis

c. Contralateral cranial nerve 4 and 6 palsy, ipsilateral hemiparesis

d. Ipsilateral cranial nerve 5 palsy, ipsilateral ataxia

122. A patient is admitted with symptoms consistent with Weber's syndrome. If the stroke is ischemic, which artery would suspect might have cause the stroke?

a. Carotid artery

b. Middle cerebral artery

c. Posterior cerebral artery***

d. Basilar artery

124. A patient presents with vertical gaze palsy, pupils mid-dilated with light dissociation, and convergence-retraction nystagmus. This cluster of symptoms is consistent with which of the following syndromes?

a. Weber's syndrome

b. Horner's syndrome

c. Parinaud's syndrome***

d. Wallenberg's syndrome

125. Parinaud's syndrome results from a stroke in which part of the brain?

a. Dorsal midbrain***

b. Lateral medulla

c. Ventral pons

d. Posterior inferior cerebellum

126. You are caring for a patient who has had multiple small strokes in the watershed territory between the anterior cerebral artery and the middle cerebral artery vessels. Which of the following is the most likely etiology for this type of stroke?

- a. Embolus of cardiac origin
- b. Carotid artery atherosclerosis
- c. Vasculitis

d. Severe hypotension***

127. A patient with lacunar ischemic stroke with a history of hypertension, coronary artery disease, and diabetes mellitus is being discharge from the hospital. What blood pressure goal will you teach them to target?

- a. SBP < 150 mm Hg
- b. SBP < 140 mm Hg

c. SBP < 130 mm Hg***

d. SBP < 120 mm Hg

128. A nurse is educating a patient about modifiable ischemic stroke risk factors. Select the correct answer that indicates modifiable risk factors.

- a. Hypertension and diabetes
- b. Genetic factors and age
- c. Oral contraceptives and migraine

d. A and C***

e. B and C

129. A patient is diagnosed with an ischemic stroke, hypertension, coronary artery disease, and hyperlipidemia. The patient smokes but has tried to quit multiple times in the past. Select strategies the nurse should use to assist the patient with smoking cessation.

- a. Follow the 5 "A" counseling model for treating tobacco independence
- b. Assess for risk of relapse
- c. Review symptoms of nicotine withdrawal

d. Refer the patient to smoking cessation supportive resources

e. All of the above***

130. A patient present to the clinic with concerns about hypertension (HTS). Vital signs include blood pressure 150/95 mm Hg, heart rate 90 bpm, respirations 16 breaths per minute, and peripheral oxygenation at 98%. According to the American College of Cardiology/American Heart Association 2017 guidelines the patient's blood pressure is classified as:

a. Normal

b. Pre-HTN

c. Stage 1 HTN

d. Stage 2 HTN***

131. A 69 year old patient with a hemoglobin A1c of 6.3% and BMI of 30 needs education before discharge. Which of the following statements by the patient needs correcting?

a. "It is important for me to increase intake of fruits, vegetables, and grains while limiting saturated fats, salt intake, and alcohol intake."

b. "With my current body mass index, I might consider cutting my caloric intake by 500-1000 calories a day."

c. "My current hemoglobinA1c classifies me as prediabetic."

d. "If I have strict control of my blood glucose; it will decrease my chances of having a stroke."***

152. According to the CHA2DS2-VASc score, a 70 year-old man with a past medical history of hypertension, diabetes mellitus, atrial fibrillation, migraine, hyperlipidemia, and vascular disease is a candidate for anticoagulation therapy. True or false?

a. True***

b. False

132. A 53 year old menopausal woman presents to the clinic, informing her primary provider. "I prefer not to take hormone therapy. I understand it can increase my chances of having a stroke." What lifestyle counseling should the nurse recommend to reduce her symptoms?

a. Exercise in the evening before bed

- b. Sleep in a cooler room
- c. Limit alcohol intake
- d. A and C

e. B and C***

133. A 30 year old woman with a past medical history of diabetes, migraines with aura, hypertension, and tobacco use wants information on birth control options. As a SCRN, you know the safest option of the patient is to use oral contraceptives rather than non-estrogen contraceptives, such as an intrauterine device. True or false?

a. True

b. False***

134. You are teaching a patient about modifiable risk factors to decrease the risk of cardiovascular disease and stroke. You ask the patient to recite “Life’s Simple 7” to demonstrate understanding. Which lifestyle focus represents the American Heart Association’s goal (Life’s Simple 7) to improve cardiovascular health?

a. Blood pressure, cholesterol, glucose, exercise, alcohol, diet, BMI

b. Blood pressure, cholesterol, glucose, stress, smoking, diet, BMI

c. Blood pressure, cholesterol, glucose, exercise, smoking, diet, BMI***

d. Blood pressure, cholesterol, glucose, stress, alcohol, diet, BMI

135. Mr. Tucker was admitted for an ischemic stroke due to atrial fibrillation. He has a history of hypertension, heart failure, and obesity. During the night, you hear him snoring. The daytime nurse reports that he was sleeping a lot and unpleasant with staff, which is not normal behavior according to his family. You are concerned that he may have obstructive sleep apnea (OSA), a risk factor for stroke. Which tool can the nurse use to screen for OSA?

a. The Patient Health Questionnaire

b. STOP-BANG Questionnaire***

c. Health Risk Assessment Questionnaire

d. Adult Physical Health Questionnaire

136. What strategies should the nurse teach a patient with intracerebral hemorrhage to prevent recurrence?

- a. Blood pressure control
- b. Avoiding tobacco and illicit drugs
- c. Treating sleep apnea
- d. All of the above***

137. Your patient with aneurysmal subarachnoid hemorrhage has a second aneurysm. The plan is to monitor the patient after discharge. Which risk factor that causes a 2.5 fold increase risk of aneurysm rupture should be the focus of nursing education.

- a. Hypertension
- b. Moderate alcohol consumption
- c. Smoking***

d .Increase caffeine intake

138. Which of the following information must be obtained before administering alteplase?

- a. Time symptoms started
- b. Current medications
- c Noncontrast head CT results
- d. Surgical history

e. All of the above***

139. A patient received alteplase for a left middle cerebral artery ischemic stroke. What should be included in the post-alteplase care of this patient?

- a. Vital signs every 15 minutes during alteplase infusion, every 15 minutes for 2 hours, every 30 minutes for 6 hours, for 16 hours***
- b. Neuro assessment every 15 minutes x 8, every 30 minutes x 12, and every hour x 16
- c. Vital signs and neuro assessment every 15 minutes x 8 every 30 minutes x 12, and every hour x 16

d. Vital signs and neuro assessment every 30 minutes until symptoms resolve

140. Which position should be avoided when caring for a patient with intracerebral hemorrhage?

a. Trendelenburg***

b. Reverse trendelenberg

c. Left lateral position

d. Supine with the head of the bed elevated

141. What imaging must be completed before administering alteplase?

a. Noncontrast head CT***

b. CT angiogram

c MRI of the brain

d. CT perfusion

142. Which of the following describes the region of the penumbra?

a. Hypoperfused tissue surrounding the ischemic core in which blood flow is too low to maintain electrical activity?

b. The boundary zone between dead and healthy tissue***

c. It is not potentially salvageable

d. Occurs when blood flow drops below 12ml/100g/min

143. Which of the following tests provides the physician with the mean transit time for blood flow in the brain.

a. Magnetic resonance spectroscopy

b. Magnetic resonance venogram

c. CT perfusion study***

d. CT arteriogram study

149. A patient scheduled for a transesophageal echocardiogram. In preparation for this test, what should the nurse tell the patient?

a. You will be able to have breakfast before the test.

b. You will receive sedation before the test starts to make you comfortable.***

c. This test will show exactly where the stroke came from

d. This test will take 3 hours to complete.

150. A patient presents to the emergency department complaining of a 4-day history of the “the worse headache of my life.” Her neurologic exam is normal. Her head CT scan is normal. What is the next test that the nurse should anticipate?

a. An MRI of the brain

b. A cerebral angiogram

c. A lumbar puncture***

d. A CT perfusion study

151. A patient with a confirmed subarachnoid hemorrhage from a ruptured anterior communicating artery aneurysm asks why they are undergoing daily transcranial Doppler ultrasounds. The nurse’s best response is:

a. The TCD can provide information as to whether any of the vessels in your brain are in spasm.***

b. If we do not do a TCD, we will have to send you for a cerebral angiogram.

c. The TCD can tell us whether there has been further bleeding in your brain.

d. We need to do the TCD to determine how well our brain is healing.

152. A patient has evidence of subarachnoid hemorrhage on a nonenhanced head CT scan. The patient is being taken back for a CT angiogram. What laboratory results should the nurse check before this scan?

a. Complete blood count

b. Serum electrolytes

c. Blood urea nitrogen and creatinine***

d. Prothrombin time

153. In a young patient (less than 40 years of age) what is the most common cause of spontaneous intraparenchymal hemorrhage?

- a. Cerebral aneurysm rupture
- b. Coagulopathy
- c. Amyloid angiopathy

d. Arteriovenous malformation***

154. The gold standard for diagnosing a cerebrovascular lesion is:

- a. CT angiogram
- b. Magnetic resonance angiogram

c. Digital subtraction angiography (aka cerebral angiogram)***

d. Lumbar puncture

155. A patient who has undergone an interventional procedure is complaining of swelling and pain to the groin. Upon assessment, a pulsatile mass that has a bruit is found. Which of the following is the most likely cause?

- a. Hematoma
- b. Inguinal hernia

c. Pseudoaneurysm***

d. Arterial thrombosis

156. A patient taking an angiotensin converting enzyme inhibitor is at higher risk of what side effect of alteplase?

- a. Petechiae
- b. Hematuria
- c. Acute kidney injury

d. Orolingual angioedema***

157. Before administration of alteplase, patient blood pressure should be below which value?

- a. 220/110mm Hg

b. 185/110 mm Hg***

c. 180/105 mm Hg

d. 120/90 mm Hg

158. Patients who have received mechanical thrombectomy for acute ischemic stroke should have blood pressure maintained below which value for the first 24 hours

a. 175/93 mm Hg

b. 200/110 mm Hg

c. 185/110 mm Hg

d. 180/105 mm Hg***

159. A 58 year old man presents to the emergency department with the worst headache of his life and started to become more somnolent and confused. What is the first line imaging you are expecting for a patient with a suspected bleed and elevated intracranial pressure?

a. MRI brain stroke protocol

b. Conventional angiogram because you know it is a ruptured aneurysm

c. Head CT without contrast***

d. Head CT angiogram

160. The same 58 year old man has a confirmed subarachnoid hemorrhage with intraventricular hemorrhage. Neurosurgery has been consulted to place an external ventricular drain at the bedside. While you are waiting for this to be placed, what nursing interventions can you implement for intracranial control (select all that apply).

a. Maintain the head of the bed at 30 degrees***

b. Administer sedation to keep the patient down and heavily sedated

c. Attempt to hyperventilate the patient

d. Keep straight body alignment with head and neck midline***

e. Control pain by administering pain medications as needed.***

f. Maintain blood pressure goal with administration of as needed medications as ordered.***

161. You are caring for a patient who was found down at home that arrived via emergency medical services and has a confirmed intracranial hemorrhage (ICH). Her heart rate is 86 bpm in normal sinus rhythm and blood pressure is 229/104 mm Hg. What is your first line medical therapy?

- a. Cardizem 0.35 mg/kg IV x 1 dose
- b. Nicardipine drip at 15 mg/hr
- c. Hydralazine 40 mg IV push
- d. Labetalol 5-10 mg IV push***

162. You have started a nicardipine drip for your ICH patient from the previous question. When will you recheck her blood press, and what is the goal?

- a. 5 minutes, SBP goal < 140 mm Hg***
- b. 15 minutes, goal <180 mm Hg
- c. 5 minutes, SBP goal < 180 mm Hg
- d. 30 minutes, SBP goal < 140 mm Hg

163. A patient with intracerebral hemorrhage arrives at the comprehensive stroke center in need of neurosurgical services. The patient's activated partial thromboplastin time is 90 seconds. While obtaining the medical history, the team learns the patient takes dabigatran (Pradaxa) 75 mg twice daily for nonvalvular atrial fibrillation with the last dose taken 4 hours ago. The nurse should anticipate which of the following actions?

- a. Prepare to administer idarucizumab (Praxbind) in two boluses of 2.5 mg IV before taking the patient to surgery
- b. Give one unit of fresh frozen plasma and recheck coagulation labs
- c. Take the patient to surgery because the risk of bleeding outweighs the benefit of immediate neurosurgical intervention
- d. Prepare to administer prothrombin complex concentrate (PPC) 25 unit/kg/IV

164. A 79 year old patient with acute ischemic stroke is prescribe levetiracetam (Keppra) 500 mg twice daily for seizure prophylaxis He does not have a history of epilepsy. how should the nurse present this patient to the team during morning rounds.

- a. Recommend that the dosage be increased because seizure is a common side effect for older adults after ischemic stroke
- b. Report that the patient has not had a seizure, and therefore the dosage of 500 mg twice daily is effective.
- c. Recommend that levetiracetam be discontinued because there is no evidence for routine seizure prophylaxis after stroke.***
- d. Recommend that continuous electroencephalographic monitoring be initiated in case of subclinical seizure

165. Mr. S, 55 years old, present to the emergency department after experiencing amaurosis fugax and right upper extremity weakness during his daily 2-mile round trip walk to work. He is diagnosed with a transient ischemic attack (TIA). He is normotensive with a normal sinus rhythm. What is appropriate antiplatelet therapy for Mr. S?

- a. Administer a short course, 3-4 weeks of dual antiplatelet therapy, aspirin 81 mg, and clopidogrel 75 mg***
- b. Begin daily high dose aspirin 325 mg
- c. There is no indication for antiplatelet therapy for TIA in the absence of atrial fibrillation
- d. Clopidogrel 75 mg twice daily is recommended for 6 months for symptomatic TIA.

166. How can the interdisciplinary team support family and caregivers during the stroke recovery process?

- a. Provide efficient communication with the family and/or caregiver for optimal community participation
- b. Assist with the transition role of the family member and/or caregiver
- c. Provide emotional and functional support
- d. All of the above***

167. Identify the rehabilitation care plan main components:

- a. Interdisciplinary team approach
- b. SMART goals
- c. Functional assessment

d. Measuring tools

e. Bowel and bladder training

f. a and c only

g. a,b,c, and d only

168. What are the common functional assessment instruments used in stroke recovery?

a. FIM

b. Barthel Index

c. NIHSS

d. Kenny Self-Care

e. TICI scores

f. Katz Index

g. a,b,d, and f***

h. a and b only

i. All of the above

169. What are components to consider for a community reintegration program?

a. Patient ability to return to work safely and successfully

b. Patient ability to return to driving

c. Role transition within the family

d. All of the above

170. Which of the following is an important member of a stroke rehabilitation team whom provides expertise on the skills necessary for independent and satisfying living?

a. Rehabilitation nurse

b. Neuropsychologist

c. Occupational therapist***

d. Social worker

171. Prehospital notification helps with the transition of stroke care across the continuum. The action of prenotification of a stroke patient to a receiving hospital results in all but which of the following?

a. Activates in hospital notification of stroke team members

b. Activates social worker to respond to family distress***

c. Allows hospital allocation of resources

d. Results in faster treatment upon arrival to hospital

172. All but which of the following are levels of stroke certification?

a. Stroke Ready Facility

b. Thrombectomy Capable Stroke Center

c. Primary Stroke Center

d. Secondary Stroke Center***