NORTH CAROLINA STROKE ADVISORY COUNCIL

AMERICAN HEART ASSOCIATION COVID-19 RESOURCES

10 JUNE 2020

AHA CALL 9-1-1 SOCIAL MEDIA MATERIALS

Calling 9-1-1 at the first sign of heart attack, stroke, or cardiac arrest saves lives. Fast access to medical treatment is the No. 1 factor for surviving a cardiovascular event.

PSAs (English and Spanish): <u>https://digitalmedia.vnr1.com/2018/11/12/aha-multimedia-platform/</u> Video Link: <u>https://www.youtube.com/watch?v=MRDhU0hYM_s</u>



Los ataques al corazón y los derrames cerebrales no paran durante una pandemia.

Llame al 911 de inmediato si tiene síntomas. Incluso mientras luchan contra el coronavirus, sistemas de emergencia están listos para ayuc Heart Attacks and Strokes Don't Stop During Pandemics.

Acceleration advises, stors para ayud Call 911 right away if you have symptoms. Even while fighting the coronavirus, emergency systems stand ready to help.



BE CERTAIN IN UNCERTAIN TIMES

Heart attacks, strokes and cardiac arrests don't stop for COVID-19

During this uncertain time, the American Heart Association is working tirelessly to reduce the impact of COVID-19 in communities across the country.

Heart attack, stroke and cardiac arrest symptoms are always urgent. Don't hesitate to call 911. Emergency workers know what to do. And emergencies don't stop for COVID-19.

KNOW THE SIGNS AND SYMPTOMS



heart.org

AHA PROFESSIONAL COVID-19 RESOURCES

COVID-19 CONTENT: AN AHA COMPENDIUM

Science News & AHA Journals

- New! Training Resource: Oxygenation and Ventilation of COVID-19 Patients
- New! COVID-19 Guidance for Women's Health (PDF)
- AHA Journal COVID-19 content
- Circulation Video Series: COVID Updates From the Front Lines
- Role of the AHA during COVID-19
- HFSA/ACC/AHA statement addresses concerns re: using RAAS antagonists in COVID-19
- From CEO Nancy Brown: Compassion amid crisis: AHA presidents awed by COVID-19 response
- News release: Patients with COVID-19 taking ACE-I and ARBS should continue treatment
- News release: AHA, other health care groups issue urgent call for action on medical equipment shortages

Stroke Community

New! Temporary Emergency Guidance to U.S. Stroke Centers During the COVID-19 Pandemic



TEMPORARY EMERGENCY GUIDANCE TO US STROKE CENTERS

Special Report

Temporary Emergency Guidance to US Stroke Centers During the Coronavirus Disease 2019 (COVID-19) Pandemic On Behalf of the American Heart Association/American Stroke Association Stroke Council Leadership

On Behalf of the AHA/ASA Stroke Council Leadership

During this unprecedented time of extraordinary stress on the US healthcare system, the American Heart Association/American Stroke Association Stroke Council as individuals in our localities and together as an entity at the national level—acknowledge the mounting concern regarding optimal stroke care during the coronavirus disease 2019 (COVID-19) pandemic among vascular neurologists and those clinicians who care for stroke patients. We therefore seek to provide guidance for the care of stroke patients in the by elevated creatine kinase). Stroke complicated COVID-19 infection in 5.9% of patients at median 10 days after symptom onset. Stroke patients were older, had more cardiovascular comorbidities, and more severe pneumonia. Stroke mechanisms may vary and could include hypercoagulability from critical illness and cardioembolism from virus-related cardiac injury.⁴ Some of these observations reflect the known biology of the virus, as the obligate receptor for the virus spike protein, human ACE2 (angiotensin-converting enzyme), is expressed

- Adhere to <u>treatment guidelines</u> for patients to ensure appropriate stroke care is provided to the extent possible
- Minimize the use of scarce PPE and reduce the number of team members responding to emergency stroke patients
- Increase the use of telestroke
- Follow national guidelines on hand washing, use of PPE and COVID-19 testing and evaluation
- Continue to deliver multidisciplinary, collaborative stroke care to patients for a unified stroke system of care; and
- Ask medical personnel who are exposed or contract COVID-19 to self-quarantine as appropriate.





COVID-19 UPDATES

Element Description

Active bacterial or viral infection at admission or during hospitalization

- Seasonal cold or flu
- Emerging Infectious Disease
 - SARS-COV-1
 - SARS-COV-2 (COVID-19)
 - MERS
- Other infectious respiratory pathogen
- Bacterial infection
- None/ND

Eligibility or Medical reason(s) documented as the cause for delay in thrombolytic administration Added Additional Selection: Need for additional PPE for suspected/confirmed infectious disease.

Cause for delay in performing mechanical endovascular reperfusion therapy documented Added Additional Selection: Need for additional PPE for suspected/confirmed infectious disease. Previous Medical History

HX of Emerging Infectious Disease

SARS-COV-1 SARS-COV-2 (COVID-19) MERS Other infectious respiratory pathogen





Background and Significance:

COVID-19 is associated with adverse cardiovascular outcomes. Patients with CVD or risk factors appear to be at higher risk for complications.

Goal:

Understand the impact of COVID-19 on the development of cardiac conditions and complications in hospitalized patients.

Cost:

Free!

Want more info?

Website: <u>https://www.heart.org/en/professional/quality-</u> improvement/covid-19-cvd-registry

Complete the online <u>information request form</u> and our National AHA team will contact you to answer any questions you may have and discuss next steps to get started.



Questions?

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