

Pediatric Nih Stroke Scale

NIH Stroke Scale Baseline NIH Stroke Scale Responses Predict Ischemic Stroke Subtype Linking the NIH Stroke Scale to the ECG The Predictive Value of the NIH Stroke Scale in Functional Outcome Using the Functional Independence Measure Scale Application of the NIH Stroke Scale for Validation of Telemedicine as a Diagnostic Tool. Assessing the Effects of Bandwidth on Audio and Video Quality APHASIA DETECTION WITH NIH STROKE SCALE ITEM 9 U201cBEST LANGUAGEu201d The Stroke Book The Textbook of Emergency Cardiovascular Care and CPR Principles of Neurological Surgery E-Book Practical Teaching in Emergency Medicine Practical Teaching in Emergency Medicine Roberts and Hedges' Clinical Procedures in Emergency Medicine E-Book The Change of the National Institute of Health Stroke Scale in Patients with Acute Ischemic Stroke at Baseline and Discharge and Its Prediction on Prognosis Trends and Applications in Knowledge Discovery and Data Mining FINDING THE BEST APPROACH TO ANALYZE THE NIHSS AT 24 HOURS TO MEASURE TREATMENT EFFECT IN TRIALS OF ACUTE STROKE Neurology Secrets E-Book Cerebrovascular Occlusive Disease and Brain Ischemia The Jefferson Manual for Neurocritical Care Handbook of Neurologic Rating Scales Scales and Scores in Neurology National Institute of Neurological Disorders and Stroke (U.S.) Enrique Carlos Leira Tonia S. McCoy Colleen Rose Walsh Edward F. McDonough Angelina Gru00f6nberg Michel T. Torbey John M. Field Richard Ellenbogen Robert L. Rogers Amal Mattu James R. Roberts Huiping Cao Nadinda van Ende Joseph S. Kass Issam A. Awad Jack I. Jallo Robert M. Herndon Harald Masur

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aphasia detection with nih stroke scale item 9 u201cbest languageu201d background it is unclear how well the national institutes of health stroke scale nihss sub item 9 detects aphasia in stroke patients we therefore studied if nih stroke scale subitem 9 is reliable for diagnosing aphasia in the

acute phase of ischemic stroke in comparison to a more detailed language screening tool the language screening test last we also assessed the incidence of aphasia in patients with first ever ischemic stroke using nihss subitem 9 methods a prospective study was carried out with 119 consecutive patients with first ever ischemic stroke patients were included in lund stroke register study and exclusion criteria were 1 non native swedish language 2 altered consciousness 3 diagnosed dementia or psychiatric diagnosis patients were evaluated by a trained research nurse in the acute phase after stroke up to 7 days post onset with the nihss sub item 9 followed by a more detailed language screening with last range 0 15 where 0 14 indicate aphasia and 15 no aphasia by a speech therapist these two assessments were made within 24 hours of each other data were analysed using last as a u2018gold standard u2019 results 26 patients 22 had aphasia according to nihss sub item 9 the distribution of scores 1 3 were n 16 n 5 and n 5 respectively in comparison to 34 patients 29 according to last score u226414 indicating aphasia with a median score of 11 assuming last as a gold standard the nihss sub item 9 gave 15 false negatives for aphasia last scores ranging from 8 to 14 and 7 false positives both with nihss sub item 9 score of 1 for aphasia corresponding to a sensitivity of 56 and a specificity of 92 conclusions sub item 9 u201cbest languageu201d of the nih stroke scale has a rather low sensitivity and sometimes misclassifies patients with mild to moderate aphasia when compared with a diagnostic tool more dedicated towards aphasia

a concise and practical reference that will help physicians become more comfortable with decision making and management of the critically ill cerebrovascular patient contributors from leading stroke centers cover a wide range of common conditions such as ischemic and hemorrhagic strokes subarachnoid hemorrhage and aneurysms and provide focused protocols for assessing and treating patients in the emergency room intensive care unit or hospital floor the book is designed for use by busy professionals who need quick answers and chapters are packed with algorithms and summary tables providing immediate access to key information

with an editorial team of leading experts from the american college of emergency physicians and the american heart association this book is the first complete clinically oriented reference textbook in emergency cardiovascular care and cpr the book translates bench research to the clinician s bedside needs and addresses end of life issues the content is appropriate for a large audience including early caregivers emergency department and ccu nurses students residents fellows and hospitalists responsible for cardiovascular emergency situations a companion website will include the fully searchable text instructional videos produced by the aha and links to acc aha ase acep and ilcor guidelines and policy statements

perfect for anyone considering or training in this challenging specialty principles of neurological surgery 4th edition by drs richard g ellenbogen laligam n sekhar and neil kitchen provides a clear superbly illustrated introduction to all aspects of neurosurgery from general principles to specific techniques thorough updates from leading authors ensure that you ll stay abreast of the latest advances in every area of neurosurgery including pre and post operative patient care neuroradiology pediatric neurosurgery neurovascular surgery trauma surgery spine surgery oncology pituitary adenomas cranial base neurosurgery image guided neurosurgery treatment of pain epilepsy surgery and much more offers comprehensive coverage without being encyclopedic just the right amount of information for those in training or who need an introduction to the field provides a strong visual understanding of the essentials of neurosurgery with abundant high quality illustrations including imaging pathology clinical and operative photographs surgical line drawings diagrams tables and figures presents information in an easy to understand well written

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emergency medicine attendings who wish to hone their teaching skills can find a number of books on educational strategies written by physicians from other disciplines however until the publication of the first edition of this book they did not have access to a text written by emergency medicine physicians on methods of teaching that are directly applicable to teaching em this book was compiled to meet that need following the introductory section which provides important background information the book's contents are organized into 4 sections that correspond to the core needs and interests of em educators section 2 focuses on practical and ethical considerations of teaching in the ed section 3 provides strategies for teaching specific groups of learners section 4 looks at the skills that are characteristic of the best em educators and section 5 looks indepthly at specific teaching techniques and strategies now more than ever this book addresses the needs of physician educators from all over the world new chapters discuss lecturing to an international audience using simulation as a teaching tool how to make journal club work for you and other topics that are of broad interest to medical educators in this field in general each chapter has been updated and reviewed to make sure the content was something that emergency physician educators could use in any country the chapter contributors are widely regarded as leaders in the field of emergency medicine education and faculty development authors were given free rein to develop their chapters and write in their own style they were asked to present their personal views on how to successfully teach the art of emergency medicine rather than review evidence based guidelines regarding medical education as a result most of the chapters have few references this first person approach to a multi authored textbook yields a compilation that varies in style from chapter to chapter and exposes the reader to a variety of communication techniques

inherent to the teaching and practice of emergency medicine are specific challenges not found in other specialties the unknowns of the emergency department the need to identify life and limb threatening conditions the pressure to solve problems and find solutions quickly and the orchestration of clinical specialists and ancillary services because of these unique demands books written by clinicians from other disciplines that extrapolate their information from other specialties aren't always suitable references for teachers of emergency medicine this book is different it shows how to incorporate effective teaching strategies into the unique teaching atmosphere of the emergency department how to effectively lecture lead small groups give feedback foster life long faculty development skills and much more it is written by emergency medicine physicians for emergency medicine physicians practical teaching in emergency medicine gets to the essential core of how to best teach the art of practicing emergency medicine and provides the blueprint to become a better teacher providing guidance on how to accomplish skilful teaching in busy emergency departments it provides emergency physicians and trainees with the necessary tools to effectively and efficiently transmit information to learners in the often times chaotic emergency department environment

roberts and hedges clinical procedures in emergency medicine continues its long tradition of being the most well known and trusted procedures manual in emergency medicine the newly revised 6th edition of this classic medical reference has been thoroughly updated with step by step review procedure and ultrasound boxes covering the latest equipment devices drug therapies

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objective to evaluate the change of nihss score in patients with acute ischemic stroke at baseline and discharge methods this was a study of multicenter stroke registration in our country a total of 54 centers are involved this study assessed the neurological deficit score nihss of patients admitted to hospital corrected demographic data health insurance type clinical classification risk factors past medical history multivariate regression analysis was used to analyze the influence factors of nihss score on the outcome of discharge then changes in nihss with baseline at discharge and the relationship between nihss and mrs were compared results 5473 ischemic stroke patients were recruited the nihss score at discharge was significantly lower than the baseline with an average reduction of 1 points a median of between the ages of four and a score of 0 to about 3 the left lower limb movement was the most obvious all items of nihss had influence on prognosis like age level of consciousness consciousness level instruction awareness of questioning gaze facial palsy sensation visual fields limb movement sensation ataxia dysarthria language extinction and inattention multivariate regression analysis shows facial palsy the level of consciousness instruction vision limb movement effects on the prognosis of patients at the time of discharge nihss score decreased significantly compared to the baseline conclusion the nihss score at discharge was significantly lower than the baseline with an average reduction of 1 points interquartile range 0 to 5 to 3

this book constitutes the thoroughly refereed post workshop proceedings at pakdd workshops 2016 held in conjunction with pakdd the 20th pacific asia conference on knowledge discovery and data mining in auckland new zealand in april 2016 the 23 revised papers presented were carefully reviewed and selected from 38 submissions the workshops affiliated with pakdd 2016 include biologically inspired data mining techniques bdm machine learning for sensory data analysis mlsda predictive analytics for critical care pacc as well as data mining in business and finance wdmfb

backgroundnih stroke scale nihss is increasingly used as outcome in rcts of acute stroke treatment but no consensus exists on how to analyze the effect of treatment on nihss our aim is to study what the best approach is to analyze this important early indicator of treatment effect methodswe used the data from the mr clean trial n 500 in a bootstrap analysis with 5000 runs to estimate valid and generalizable treatment effect parameters based on nihss missing values for pertinent outcome and baseline variables were imputed with single regression if less than 4 nihss was analyzed with 5 different approaches identified in the literature for the approaches that used regression models unadjusted and adjusted estimates for age baseline nihss and collateral score were calculated we added the effect on mrs for comparison we compared the effect estimates between the different approaches and the z statistic as a measure that combines strength of the effect and precision resultsbaseline characteristics were evenly distributed between intervention and control nihss scores at 24 h and 1 week were available with less than 1 and 4 missing values the absolute z value of the regression model of the effect of evt on mrs at 3 months was 3 12 and 3 15 after adjustment z values or any type of effect analysis of nihss at 1 week were not better than those at 24 hours data on poster figure z values for plain nihss and change in nihss from baseline were substantially lower than the reference value z values for dichotomized nihss exceeded the reference only for two of the three dichotomizations the z value of the effect parameter $u201c improvement u201d$ exceeded the reference but only barely so for fair improvement the effect parameter difference in log nihss at 24h exceeded the reference discussionusing plain nihss or change in nihss in a linear regression model to estimate the effect of acute stroke treatment is not an efficient and sensitive approach dichotomizing the nihss in good outcome or improvement seems efficient but the best cut point will vary unpredictably depending on the patient population and chance we conclude that analysis of the effect of treatment on the full nihss scale with linear regression on log transformed data provides an efficient way to analyze early treatment effects with the nih stroke scale

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this book reviews practically all scales and scores that are currently used in clinical neurology to detect neurologic deficits assess risks and prognosis and evaluate response to long term medical therapies it distinguishes commonly used scales and scores from those that are used infrequently providing expert commentaries on each

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