



A newsletter for employees of  
the Portland VA Medical Center

# In the News

June 2004

## At The Ready:

### A Message from the Deputy Director

Kathleen Chapman, MSN, RN, CNA, CHE

PVAMC Deputy Director and Associate Director for Patient Care Services



At our medical center, the word “readiness” probably suggests images of acronyms -- JCAHO, CAP, CARF, and the like. The VISN Readiness Team visited in January. They reviewed our practices and processes against standards from a variety of accrediting and regulating bodies. During that visit, areas in which we had improved, areas needing further improvement, and best practices were identified. We had our laboratory CAP survey a few weeks ago - not to be confused with the OIG CAP Survey (Office

of Inspector General Combined Assessment Program Survey) that we just experienced May 17-21. Next is the triennial Joint Commission on the Accreditation of Healthcare Organizations survey, July 26-30, 2004.

By my count, we are actually surveyed by eight regulatory bodies external to the federal government and five that are internal. Continual readiness means that we are always knowledgeable about all of our standards and regulations, that we continually follow our policies and procedures, and that we are ready for an interaction with anyone from any of these agencies at any time.

Lately, I've been thinking about two other kinds of readiness. The first involves our ability to protect our safety and our security. In the weeks following September 11, we were bombarded with alerts related to

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## CARES Decision: Vancouver and White City to Keep All Services

On May 7, 2004,  
Secretary of  
Veterans Affairs  
Anthony Principi



announced his decisions on CARES (Capital Asset Realignment for Enhanced Services), the nationwide plan to modernize and improve VA health care. The Secretary's plan calls for maintaining and possibly expanding services at PVAMC's Vancouver campus, maintaining all services at the Southern Oregon Rehabilitation Center and Clinics in White City, transferring 15 inpatient beds from American Lake to the Madigan Army Medical Center in Tacoma, and opening a new community clinic in central Washington. The plan also calls for further study of how to best provide health care to veterans in the Walla Walla community. The Secretary's complete report on CARES can be seen at <http://www.va.gov/CARES>. A message about

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## World War II Memorial Dedicated

The new National World War II Memorial was dedicated May 29, 2004, in Washington, D.C. The Memorial commemorates sacrifices and celebrates the victory of the WWII Generation. For more information, visit <http://www.wwiimemorial.com/>.

## Soldiers Meet Veterans at NSCU

On Sunday, March 7, about 90 soldiers from the U.S. Army Reserve 104th Division made their yearly visit to PVAMC's Nursing Skilled Care Unit in Vancouver. In addition to meeting patients and talking about their service to their country, the visiting soldiers brought television sets, VCRs and other donations purchased with funds they had raised.



## Rose Court Visits Veterans

Ivan Tadic was among veterans who enjoyed a May 11 visit by the 2004 Rose Festival Court. After a luncheon hosted by the American Legion Auxiliary, Festival Ambassadors visited PVAMC patients, presenting each with a rose.



After visiting with veterans, the Ambassadors took a few minutes to pose with their PVAMC escorts.

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## CARES Decision cont.

CARES to Network employees from VISN 20 Director Les Burger, M.D., is posted under "What's New" at <http://vha20web1/vsn20/>.

## **Deputy Director's message cont.**

anthrax tainted mail. We discussed potential scenarios, developed a plan, and practiced. Then time passed, we heard less, and specifics faded.

Fifteen months ago, when the United States occupied Iraq, the potential for Threat Level Red was at the forefront. We again had several meetings about our plan, communicated the plan, and practiced the plan. Then time passed, we heard less, and specifics faded.

We recently participated in a drill on Threat Level Red. We tested our ability to control traffic, control pedestrian access to the building, identify employees, identify visitors and patients, and deploy staff to help with each of those tasks. Time had passed, staff hadn't heard about the plan in some time, and specifics had faded.

Coincidentally, while we were in the midst of that drill, a white powder was seen outside one of our elevators and reported to the incident command center. Even more time had passed since we'd had a "white powder incident." We scrambled to locate the protocols, the people, the supplies, and the barriers. Again, the organization had collectively forgotten what had been known. What was reinforced for me was the need to practice, practice, practice. We cannot let our guard down. A real Threat Level Red or anthrax situation could occur at any time.

The other "readiness" that I've been thinking about is related to the infamous Primetime program about the VA. After it aired, Dr. Tuschmidt commented that many of the staff shown during the program forgot they were "on-stage."

The concepts of "on-stage" and "back-stage" come from Disney. Employees there are taught that when they are interacting with the public they have a role to play. They are not allowed to step out of their role until they are "back-stage" and away from public sight and sound.

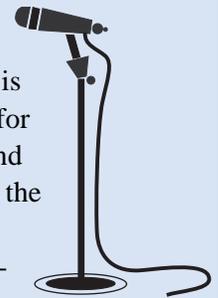
Almost all of the areas of our campuses are on-stage for one of our publics or another. Elevators, hallways, the canteen, waiting rooms, nurses' stations, and even the parking lot are on-stage. From the sharing of confidential patient information, to the sharing of rumors among co-workers, much of our conversation belongs back-stage. Because the majority of our day is on-stage, the nature and tone of the words chosen, then, need to be in language that is suitable.

While viewing Primetime, I was reminded how differently things sound when taken out of context. Several of the statements staff made may have been truthful in and of themselves, but when publicly broadcast in sound bites, the tone and meaning changes. Casual conversation with friends and co-workers is one thing. Similar conversation with members of the public is open to misinterpretation.

So being "at the ready" rings true for all elements of our work life, not just as it relates to accrediting agencies. Wear that identification badge, and keep outside doors closed and locked. Review your work against standards and review your area's contingency plans for all types of incidents. Know to whom you are speaking and be aware of the distance your voice may carry. Back-stage doesn't play well on-stage. "Inspectors" come in many forms. On a daily basis, we need to be ready for the interaction, whatever it may be.

## **Let Us Hear From You**

*In The News* is a newsletter for employees and volunteers at the Portland VA Medical Center. Please submit story ideas or comments to Public Affairs Officer Pat Forsyth by e-mail or call Ext. 52975.



## On the Magnet Journey

By Louisa Davis-Sills



Hey Portland VA! For Nurses Week, May 6-12, PVAMC sponsored a Passport to Excellence Cruise, in part to celebrate our nurses but also to show how PVAMC measures up to the 14 elements of magnetism (see sidebar).

What is this magnetic theme about? Magnet Recognition is

not a new concept. It's based on a series of studies dating back to the 1980's demonstrating that 14 criteria, when found to coexist in a hospital, act like a "magnet" to recruit and retain excellent nursing staff.

Magnet hospitals have better patient outcomes - better pain control, less use of restraints, lower rates of phlebitis from IVs, and fewer infections, falls, and medication errors. Nurses who work at Magnet hospitals report higher job satisfaction, and nursing hours of patient care are higher. All these things mean better patient care.

The Magnet cruise was toured on the Portland and Vancouver campuses, as well as the CBOC's in Bend, Salem and Camp Rilea. Cruise staff walked nurses through various "ports of call" whereby posters delineated how our medical center demonstrates the 14 forces of magnetism. Nurses received TEMPO credit for visiting each port and were entered into a raffle for lunch with Kathy Chapman, PVAMC Deputy Director and Associate Director for Patient Care Services.

Watch for the cruise in your area! The posters will be making the rounds on various units. Another Passport to Excellence Cruise is scheduled July 1-2, 2004. If you are interested in becoming a magnetizer (or at least finding out what that means), contact Sherri Atherton, x57144 or Nadine Johnson, x55685. For more information about the PVAMC Magnet journey, please check out the website: <http://vaww.portland.med.va.gov/Departments/dd/nps/Magnet/index.htm>.

### The Fourteen Forces of Magnetism

- 1 Image of Nursing
- 2 Community and Hospital
- 3 Interdisciplinary Relationships
- 4 Quality of Nursing Leadership
- 5 Organizational Structure
- 6 Management Style
- 7 Professional Development
- 8 Personnel Policies and Programs
- 9 Autonomy
- 10 Professional Models of Care
- 11 Quality of Care
- 12 Quality Improvement
- 13 Consultation and Resources
- 14 Nurses as Teachers

## Fausti Receives Prestigious VA Award

Congratulations to **Stephen A. Fausti**, Ph.D., director of the VA National Center for Rehabilitative Auditory Research (NCRAR), who has been awarded the 2004 Paul B. Magnuson Award for Outstanding Achievement in Rehabilitation Research and Development. This award is the highest honor for VA rehabilitation investigators. It is presented in honor of Dr. Magnuson, a highly respected bone and joint surgeon who served as Chief Medical Director for VA in the years after World War II.

Fausti, who also is a professor in the OHSU Dept. of Otolaryngology, established the NCRAR at PVAMC in 1997 to conduct research on hearing impairment and develop technology to improve the care and treatment of veterans with hearing loss. He has gained international recognition for his pioneering research and expertise in assessing high-frequency hearing sensitivity and using high-frequency testing for early detection of hearing loss caused by toxic effects on the ears, such as those caused by certain drugs. Fausti's work also has improved the understanding and evaluation of tinnitus, the "ringing in the ears" that afflicts millions of Americans.

The Magnuson Award was presented March 31 in Salt Lake City at the American Academy of Audiology National Convention. The award consists of a one-time cash award of \$5,000 and a plaque, along with \$50,000 per year for three years to supplement ongoing research.



Stephen A. Fausti, Ph.D., director of the VA National Center for Rehabilitative Auditory Research and recipient of the 2004 Magnuson Award

## Employees "Take Off Pounds Sensibly"

By Marlene Jamieson

If you want to be where people are filled with energy and enthusiasm, the Portland VA Employee Association TOPS Club is one place to be. TOPS stands for "Take Off Pounds Sensibly." Last fall, the VAEA agreed to sponsor an employee chapter of TOPS to support employee health and wellness at PVAMC. The chapter was chartered on January 15, 2004, and as of May 27, the group has had a net loss of 202 pounds.

Founded in 1948, TOPS is the oldest non-profit, non-commercial weight-loss support group in the world. There are over 230,000 members in 10,300 chapters in the U.S., Canada and other countries worldwide. The key to TOPS is that it is a weight loss "support group." We don't tell people what to eat. Each member has a goal weight and weight loss regimen established with his/her health care professional. We simply get together to support each other's efforts.

Our meeting topics vary from week-to-week. We have had the honor of inviting a dietician, a kinesiologist and a State TOPS King (lost most weight within a year among male TOPS members in that state). When we have no guest speaker, we discuss physical, social and emotional challenges surrounding our individual battles with obesity. Each member is free to share or

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# NEWS BRIEFS

## VISN 20 Names New Chief Medical Officer

**Dr. Geoffrey (Geff) McCarthy** has been named VISN 20's new Chief Medical Officer. Dr. McCarthy joins us from the Albany, New York VA Medical Center, where he served as the Medical/Surgical Care Line Director since April 2000. Prior to that, he was Medical Director of Empire Blue Cross/Blue Shield, after retiring in 1997 from the Air Force at the rank of Colonel. Dr. McCarthy's clinical leadership in VISN 2 contributed greatly to their success in achieving outstanding performance in clinical and preventive medicine indicators and in providing health services across that network. He is an effective teacher, a skill that will be needed in furthering programs such as Advanced Clinic Access, Coordinated Care, Telemedicine and other innovative concepts across our Network. He traveled extensively while at VISN 2, engaging in clinical practice at every facility, including CBOCs. This type of hands on approach, as well as Dr. McCarthy's demonstrated interest in primary care, will be vital to the successful achievement of VISN 20's growth in veterans served. We join VISN 20 Director Dr. Les Burger in welcoming our new CMO.

## Prizes Honor PVAMC Performance Innovations

The annual Performance Improvement Poster Fair was held in March in Portland and Vancouver to highlight creative and innovative improvements developed by PVAMC staff. Employees could vote for their favorites and 1st, 2nd and 3rd prizes were awarded in People's Choice and Executive Management Team categories. Winners in the People's Choice category were: Patient Education - Moving from Rustic to Radiant, Continuous Readiness, and Code Cart. Executive Management Team winners were Instrumentation for the OR, Institution of National Chemotherapy Ordering Standards and Financial and Support Services SBU Web Site.

## VA Launches Outreach Program for Former POWs

On April 9, 2004, National Former POW Recognition Day, VA launched an outreach campaign to inform former POW veterans about VA benefits. Even former POW's already receiving VA benefits may not be aware of additional authorizations under recent legislation, including new entitlement rules for disability compensation, special eligibility for VA health care and greater access to medication and dental services. "We are asking veterans and all Americans who know of a former POW to help spread the word that benefits and services may be just a phone call away," says **Jerry W. Nelson**, Director, Consumer Information and Services, who brought together a PVAMC advisory group to address concerns of these veterans and recently published the inaugural issue of *The Bugle Call*, a quarterly newsletter for former POWs.



## Ritalin May Improve Parkinson's Symptoms

Portland researchers have found that a drug commonly used to treat hyperactive children can boost potency of another drug that reduces Parkinson's disease symptoms. The team found that methylphenidate, known commercially as Ritalin, bolsters the effects of levodopa, a drug converted in the brain to the neurotransmitter dopamine. Parkinson's disease is caused by a deficiency of the nerve cells that produce dopamine. Because methylphenidate inhibits the reabsorption of dopamine into nerve cells, it increases the neurotransmitter's potency. The research was led by **John "Jay" Nutt, M.D.**, director of the Parkinson's Disease Research, Education and Clinical Center (PADRECC) at PVAMC and director of the OHSU Parkinson's Center of Oregon. In a parallel study, the Parkinson's Center researchers found that paroxetine, a popular antidepressant best known under the brand name Paxil, doesn't augment the effects of levodopa and has little benefit in reducing physical symptoms of Parkinson's. The results were presented April 28 in San Francisco at the annual meeting of the American Academy of Neurology.

## Tiny Crystals Illuminate Brain Tumors

A PVAMC and OHSU team is demonstrating some of the world's first clinical uses for nanometer-sized particles in the brain. The team found that an iron oxide nanoparticle no larger than a virus can outline brain tumors when viewed with magnetic resonance imaging (MRI) and can also reveal other lesions in the brain that may otherwise go unnoticed. Named for its billionth-of-a-meter proportions, the nanoparticle can be viewed by MRI for more than 24 hours, sometimes as long as five days. The study was led by **Edward Neuwelt, M.D.**, professor of neurology and neurological surgery at OHSU and PVAMC. The findings are reported in the current issue of *Neuropathology and Applied Neurobiology*. In a parallel study to be presented in June to the American Society of Neuroradiology, Neuwelt and his colleagues found that the iron oxide nanoparticle also provides a stable imaging marker during surgery to remove brain tumors, and it remains in the brain long enough for post-operative MRI. The findings of these studies have the potential to assist image-guided brain surgery and improve diagnosis of lesions caused by multiple sclerosis, stroke and other neurological disorders, in addition to residual tumors.

## PVAMC Celebrates National Law Enforcement Week

May 9-15, 2004, PVAMC celebrated National Law Enforcement Week, with opportunities for employees and volunteers to learn more about security issues and the essential role our police officers play in providing a safe patient-care environment. Coordinated by PVAMC Police staff, events included a hands-on look at police patrol cars and the data terminals that allow officers to check criminal histories from their cars, a Lunch & Learn on home/vehicle safety and identity theft, and demonstrations by Training Officer **Jeffrey Fletcher** of the Judgment/Weapons Simulator that presents officers with videotaped "situations" requiring them to make an instant decision on whether to draw their weapon.

## **PVAMC Nurses Receive National Honors**

Congratulations to **Marcia Callender**, RN, MSN, PVAMC Cardiology Adult Nurse Practitioner, who was recently named one of 10 national winners of the VA Office of Nursing Services 2003 “Innovation in Nursing” awards. Callender was project leader for “The development and implementation of nurse coordinated telemedicine clinics at remote sites to provide and coordinate care of veterans with internal cardiac defibrillators and pacemakers.”

The new program was initiated in 2000 so veterans with implantable cardiac defibrillators could receive high quality specialty care at their “home VA.” These veterans previously needed to travel up to 500 miles for specialty care at PVAMC. At each referring VA, an interested nurse became the primary contact person and educator on implantable cardiac devices for both patients and staff. Now the Electrophysiology Cardiologist at PVAMC sees the patient via telemedicine and, with support of the telemedicine nurse, can review EKGs, medications, vital signs and data from the implanted device.

Patients have expressed such a high degree of satisfaction in receiving their specialty care close to home that the telemedicine clinics are now held monthly or bi-monthly, and the clinics have been expanded to include patients with pacemakers.

Congratulations also to **Mary Russell**, RN, CNOR, who was recently selected to serve on the Research Committee of the American Association of PeriOperative Registered Nurses (AORN). Among other responsibilities, members of this committee investigate and develop entry-level research projects based on the Perioperative Nursing Data Set that can be shared with local AORN chapters to introduce them to research while also collecting data on perioperative nursing practice. These projects and their results are reviewed and selected for display at the annual AORN Congresses.

Russell has worked in the Portland VAMC operating room for 17 years. She will complete her Masters FNP degree this year.

## **TOPS cont.**

not. In a TOPS meeting, we are there for each other whether the scales go up or down.

In all my years in TOPS, I’ve never been in the presence of as many individuals with the TOPS “spirit” as this chapter’s officers and members. I believe we are pioneers within the VA system. A typical comment from a VA TOPS member: “It is so wonderful to have the support from my VA family with the lifestyle changes that I’m trying to make ..... It’s so nice to have people I see every day who are going through the same struggles that I am and that will encourage me and support me and hold me accountable.”

The TOPS group meets at 12:30 p.m. on Thursdays in Bldg. 100, ID Rm.132. For more information, please contact Marlene Jamieson, Ext 54747.

*Editor’s Note:* Weight Watchers offers another convenient “On the Hill” option for Portland campus employees who would like the support and enthusiasm of a group while losing weight. This group meets at 12:15 p.m. Mondays at OHSU’s MacKenzie Hall, Room 3198.

## Pill Hill Pacers Hit Streets Again

By Nicci Knipe and Thomas (Pat) O'Neill

On March 14, for the second consecutive year, runners from PVAMC's Intensive Care Unit joined the annual Shamrock Run in Waterfront Park and through the streets of downtown Portland. Captaining the "Pill Hill Pacers" were long-time VA employees **Pat O'Neill** (ICU respiratory therapist) and his assistant **Niccie Knipe** (ICU nurse). This year the team consisted of 25 VA employees and family members. Portland's weather can do anything in March, but this year it was perfect for running. Turnout was good with over 9,000 participants.

The Shamrock Run is one of the oldest and largest family fitness events in the Northwest. Every year on a Sunday morning on or around St. Patrick's Day, you can witness (or participate in) this event if you get up early, put on some green and join the festive crowd. Your registration fee of \$20 helps children by benefiting Doernbecher Children's Hospital Foundation. There are activities for runners and walkers of all fitness levels and ages. There's even a 1 kilometer (0.31 mile) "leprechaun lap" especially for kids.



Next year we'd like to double the size of our team and increase fund raising within the medical center. It's easy to enter the race, so next year just connect with Pat or Niccie or go online at [www.ontherun.com](http://www.ontherun.com). The same web site has this year's results posted.

## Regional Disaster Drill Tests Readiness

As part of our medical center's commitment to readiness for natural or man-made disasters, PVAMC participated in a regional training exercise on May 12. More than 30 cities, counties, hospitals, and law enforcement, public health and safety organizations were involved in the drill. The exercise scenario called for simulated detonation of two dirty bombs containing radioactive material in the Portland area. Pictured here are PVAMC staff testing a "decon unit" that could be used to decontaminate patients exposed to radiation or toxins.



## Read the Story, Get TEMPO Credit!

Read the following story on stroke, take the quiz, and send your answers with your name and Social Security “last four” to Katina Collins (mail stop P2-CIS) for 1 hour of TEMPO credit.

### Stroke, A Leading Killer in America Do You Know the Risk Factors and Warning Signs? Submitted by Renee Stell

Today, more and more Americans are taking steps to protect their most important asset - their health. Are you? For example, have you thought about your risk of having a stroke?

Stroke ranks as the third leading killer in the United States. Each year more than 500,000 Americans suffer a stroke, with about 145,000 dying from stroke-related causes. Although many survivors have little or no long-lasting disability from their strokes, many more live with the crippling and lifelong disabilities of paralysis, loss of speech, and poor memory. Stroke is the leading cause of adult disability.



#### What is a Stroke?

A stroke occurs when blood circulation to the brain fails. Brain cells can die from lack of oxygen, caused by the decreased blood flow. The two broad categories of stroke are **Ischemic** and **Hemorrhagic**.

**Ischemic** stroke is a blockage of a blood vessel in the brain or neck. It is responsible for about 80 percent of all strokes and usually is not fatal. The blockages can be caused by three conditions: **Thrombosis**, **Embolism**, and **Stenosis**. **Thrombosis** is a formation of a clot within a blood vessel of the brain or neck. **Embolism** is the movement of a clot from another part of the body such as the heart to the neck or brain. **Stenosis** is a severe narrowing of an artery in or leading to the brain.

**Hemorrhagic** stroke, bleeding into the brain or the spaces surrounding the brain, is the second type of stroke and its outcome is more difficult to predict. The common causes hemorrhagic stroke are **hematoma** and **aneurysm**. A **hematoma** is bleeding into the brain that is usually caused by injury. An **aneurysm** is a weakness and ballooning of a blood vessel wall, which may leak or rupture.

#### The five Warning Signs of a Stroke:

- Sudden numbness or weakness of face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

*If you observe one or more of these signs of a stroke, don't wait, call a doctor or 911 right away! Rapid treatment is critical to reduce a stroke's damage.*

Other danger signs include double vision, drowsiness, and nausea or vomiting. Sometimes the warning signs may last only a few moments and then disappear. These brief episodes, known as transient ischemic attacks or TIAs, are sometimes called “mini-strokes.” Although brief, they signal an underlying serious condition that isn't going away without medical help. Unfortunately, since mini-strokes clear up, many people ignore them. Heeding them can save your life.

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## Some of the most important treatable risk factors for stroke are:

### ★High blood pressure

Also called hypertension, this is by far the biggest risk factor for stroke. If your blood pressure is high, you and your provider need to work out a plan to bring it down to the normal range.

Examples of helpful strategies: Maintain proper weight, avoid drugs known to raise blood pressure, cut down on salt, exercise more. Your provider may prescribe medicines that help lower blood pressure. Controlling blood pressure will also help you avoid heart disease, diabetes, and kidney failure.

### ★Cigarette smoking

Cigarette smoking has been linked to the buildup of fatty substances in the main neck artery supplying blood to the brain. Blockage of this artery is the leading cause of stroke in Americans. Nicotine raises blood pressure and blood levels of carbon monoxide, reducing the amount of oxygen to the brain. Cigarette smoke also makes your blood thicker and more likely to clot. Your provider can recommend programs and medications that may help you quit smoking. By quitting, at any age, you also reduce your risk of

lung disease, heart disease, and some cancers - including lung cancer.

### ★Heart disease

Common heart disorders such as coronary artery disease, valve defects, irregular heart beat, and enlargement of one of the heart's chambers can result in blood clots that may break loose and block vessels in or leading to the brain. Your provider may treat your heart disease with surgery or medication, if you match a particular risk profile, and can help you decide if you will benefit from aspirin or other blood-thinning therapy.

### ★Prior warning signs or history of stroke

If you experience a TIA (transient ischemic attack), get help at once. If you have had a stroke in the past, your body is already working around the stroke damaged areas to do normal functions. That means a second stroke can be twice as bad.

### ★Diabetes

You may think this disorder affects only the body's ability to use sugar. But it also causes destructive changes in the blood vessels throughout the body, including the brain. Also, if blood sugar levels are high at the time of a stroke, then brain damage is usually more severe and extensive than when blood sugar is well controlled. Treating diabetes can delay the onset of complications that increase the risk of stroke.

Many risk factors for stroke can be managed very successfully. Although risk is never zero at any age, you can cut your risk by starting early and controlling your risk factors. A better understanding of the causes of stroke has helped America cut the stroke death rate nearly in half in the last two decades. Scientists at the NINDS (National Institute of Neurological Disorders and Stroke) predict that we should be able to prevent 80 percent of all strokes in America by the end of the decade if we have:

- Early attention to reducing risks for stroke
- Wide use of currently available therapies
- Emphasis on developing new ones
- Successful management of diseases related to risk.

Advice on the treatment or care of an individual patient should be obtained through consultation with a physician who has examined that patient or is familiar with that patient's medical history.

Information for this article was adapted from the NINDS & the NIH. For more information on stroke check out these websites:

American Stroke Association  
[www.strokeassociation.org](http://www.strokeassociation.org)

National Institute of Neurological Disorders and Stroke  
[www.ninds.nih.gov](http://www.ninds.nih.gov)

National Institutes of Health Senior Health  
[www.nihseniorhealth.gov](http://www.nihseniorhealth.gov)

## Stroke Quiz for 1 hour of TEMPO Credit

Your Name \_\_\_\_\_

Social Security Last four \_\_\_\_\_

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Please circle the correct answer for the five questions.

1. Which of the following statements is true?
  - a. Stroke ranks as the third leading killer in the United States.
  - b. A stroke occurs when blood circulation to the brain fails.
  - c. Most people recover completely from the effects of a stroke.
  - d. All of the above
  - e. a and b only
  
2. What is NOT one of the five warning signs of stroke?
  - a. Sudden numbness or weakness of face, arm or leg, especially on one side of the body
  - b. Sudden abdominal cramping and diarrhea
  - c. Sudden confusion, trouble speaking or understanding
  - d. Sudden trouble walking, dizziness, loss of balance or coordination
  - e. Sudden severe headache with no known cause
  
3. If you are having one or more warning signs of a stroke, you should:
  - a. Call your doctor to make an appointment within the next 24 hours.
  - b. Wait to see whether the symptoms go away.
  - c. Call 911. Immediate therapy can help reduce stroke damage.
  
4. What is a transient ischemic attack (TIA)?
  - a. Pain signaling brief narrowing of arteries supplying blood to the heart
  - b. No cause for concern
  - c. A “mini-stroke” in which warning signs may last only a few moments
  - d. Shortness of breath that may precede a stroke
  - e. b and c
  
5. Important treatable risk factors for stroke include:
  - a. High blood pressure
  - b. Heart disease
  - c. Cigarette smoking
  - d. Diabetes
  - e. all of the above