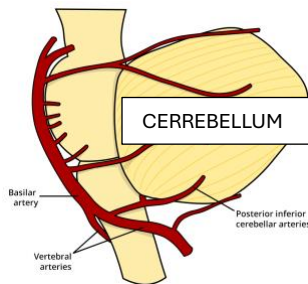


DIZZINESS....OR IS IT

EMS: 56 y/o male requesting transport for acute dizziness. **pt was found sitting up showing obvious signs of anxiety and weakness.** Neurological Normal Baseline for Patient. "Patient states that he is **dizzy** and experiencing **blurry vision**. Pt denies any history of CVA or TIA. **PT SHOWED NEGATIVE SIGNS OF STROKE,** no arm drift and positive motor function, lung sounds clear bilaterally. Patient seemed to **have trouble forming full sentences at times."**

HOSPITAL: 56 y/o developed vertigo with trouble speaking. On arrival vertigo "moderate" but "still having significant word finding difficulty". No focal weakness or numbness..... Work-up negative and admitted for Vertebrobasilar TIA.

DISCUSSION: Strokes come in different forms and this patient showed lots of signs of stroke.



Patient was dizzy, had blurry vision and word finding issues. Strokes are caused by an occlusion of blood flow to the brain and can affect any part of the brain. TIA's are the same but the occlusion is temporary. In this case, the problem was caused by an occlusion to the cerebellum which gets its blood from the vertebrobasilar arteries. Dizziness is a hallmark of these TIA's and strokes. Vision can also be affected. Another common finding is ataxia which we don't routinely

look for in the field.

FINAL THOUGHT: Avoid the word "anxiety" in your reports. THAT WORD CAN BE VERY PREJUDICIAL ESPECIALLY IN OLDER PEOPLE WHO HAVE MANY OTHER MEDICAL REASONS TO BE "ANXIOUS".