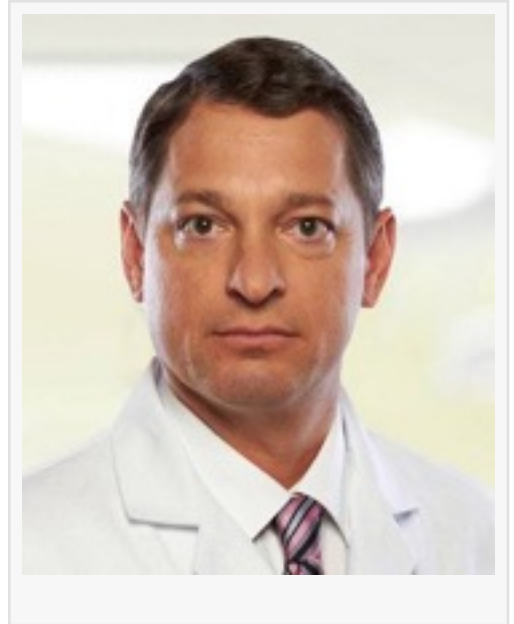


Stroke: Every 15 Minutes Matters...Medically and Legally

The Journal of the American Medical Association proved that faster time to treatment has been showed to have better long-term outcomes.

SANTA BARBARA, CA, UNITED STATES, June 10, 2020 /EINPresswire.com/ -- The Journal of the American Medical Association (JAMA) a study proved the obvious that faster time to treatment in the setting of [acute stroke](#) with intravenous thrombolytic therapy has been showed to have better long-term outcomes.

Study involved 61,426 patients who were treated with tPA, an intravenous clot buster, within 4.5 hours. Patients treated with tPA within 45 minutes of presentation to the emergency department had improved mortality rates and improved rates of readmission to acute care [hospitals](#) compared to those treated longer than 45 minutes. In addition, every 15 minutes to 90 minutes from presentation had higher mortality rates and higher readmission rates to acute care hospitals compared to earlier 15 minute intervals.



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Every 15 minutes matters, and the jury will understand that.”

Dr. Greg Vigna

Greg Vigna, MD, JD, national pharmaceutical injury attorney, national neurological injury attorney, and Certified Life Care Planner states, “This study is important because it will allow careful review of the medical records in stroke patients because any undue delay in treatment because of negligent conduct of medical providers may be source of liability for disabling injuries caused by an

ischemic stroke.”

Dr. Vigna adds, “No longer is the primary question, was tPA not administered because a stroke victim was outside the 4.5 hour window when diagnosed because of negligent medical care but was there a delay in administering tPA because of negligent conduct and did that negligent conduct significantly cause harm to the patient. Every 15 minutes matters, and the jury will understand that.”

Greg Vigna, MD, JD is a California and Washington DC lawyer who focuses on catastrophic neurological injuries caused by medical malpractice, brain injuries, brachial plexus injuries, spinal cord injuries, and [vaginal mesh](#). He is Board Certified in Physical Medicine and Rehabilitation with 25-years of experience managing patients with catastrophic injuries and he co-counsels with leading trail attorneys across the country.

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Results among the 61,426 patients treated with tPA within 4.5 hours, the median age was 80 years and 43.5% were male. The median door-to-needle time was 65 minutes (interquartile range, 49-88 minutes). The 48,666 patients (79.2%) who were treated with tPA and had door-to-needle times of longer than 45 minutes, compared with those treated within 45 minutes, had significantly higher all-cause mortality (35.0% vs 30.8%, respectively; adjusted HR, 1.13 [95% CI, 1.09-1.18]), higher all-cause readmission (40.8% vs 38.4%; adjusted HR, 1.08 [95% CI, 1.05-1.12]), and higher all-cause mortality or readmission (56.0% vs 52.1%; adjusted HR, 1.09 [95% CI, 1.06-1.12]). The 34,367 patients (55.9%) who were treated with tPA and had door-to-needle times of longer than 60 minutes, compared with those treated within 60 minutes, had significantly higher all-cause mortality (35.8% vs 32.1%, respectively; adjusted hazard ratio [HR], 1.11 [95% CI, 1.07-1.14]), higher all-cause readmission (41.3% vs 39.1%; adjusted HR, 1.07 [95% CI, 1.04-1.10]), and higher all-cause mortality or readmission (56.8% vs 53.1%; adjusted HR, 1.08 [95% CI, 1.05-1.10]). Every 15-minute increase in door-to-needle times was significantly associated with higher all-cause mortality (adjusted HR, 1.04 [95% CI, 1.02-1.05]) within 90 minutes after hospital arrival, but not after 90 minutes (adjusted HR, 1.01 [95% CI, 0.99-1.03]), higher all-cause readmission (adjusted HR, 1.02; 95% CI, 1.01-1.03), and higher all-cause mortality or readmission (adjusted HR, 1.02 [95% CI, 1.01-1.03]).

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