

# Jim Weir

## 63 years old

Kay Weir, the director of Volunteer Services at Saint Luke's Hospital, must have known that her husband, Jim, was about to be in trouble. She was attending a meeting in St. Louis and had planned to return home on Sunday. When she called home on Friday night, she learned that he was having trouble.



*Kay: He had come home from work with a headache and decided to go to bed early because he did not feel right. When I got home [one day early], he was not normal. He told me, "I've had a headache all day; I don't feel well and I've just been lying around." That is not like him. He is usually very active.*

*Jim: We ate out on the deck but I was not feeling well so I went in to take a shower. I was irritable and thought a shower might help. I remember taking off my clothes and getting into the shower but I do not remember taking the shower.*

*Kay: When I came in from the deck, I hollered at Jim but he didn't answer. I walked into the bedroom and found him stark naked face-down in the bathroom. He was not breathing, his face was drawn to one side and his color was ashen. I rolled him over but he was completely lifeless. I cradled him in my lap and slapped his face but he still did not respond. I ran to the phone and called our son J.B., who called 911. When J.B. arrived, we tried to rouse Jim but he was still absolutely lifeless. It was as if he were totally gone.*

Most of the other stroke victims whose stories are included in this book had slurred speech, decreased vision, staggering gait or weakness on one side of the body. Few of them started out ashen and unresponsive. When the 911 responders arrived, they discovered that Jim had no blood pressure.

*Kay: I told the ambulance driver that I wanted Jim to be taken directly to Saint Luke's Stroke Center. I felt sure he had had a stroke and I wanted him to be at Saint Luke's. His mouth was pulled to the side, and my nurse's training told me that he was having a stroke. I had seen it before. J.B. and I followed the ambulance headed for Saint Luke's at about eighty miles an hour. Suddenly the ambulance exited the highway and pulled into a nearby hospital. The driver told me they did not think they could get to Saint Luke's safely. I was furious! It took twenty minutes to get him out of the ambulance and into the emergency room.*

The emergency room encounter was difficult.

*Kay: The doctor who examined Jim was vague about why they could not arouse him. He could not open his eyes and he could not move anything. He was lifeless. After doing a CT scan, they said they could not see anything abnormal. They wanted to call in a consulting neurologist but I was worried about how long that would take. We were getting nervous because we knew about the stroke reversal time limits. We had only so much time.*

*The consulting neurologist arrived and ordered another CT scan. He told us, "We don't see a bleed. I think we will wait until morning and then do an angiogram." I told him that we*

*could not wait and that we wanted Jim transferred to the Stroke Center at Saint Luke's Hospital. He replied, "We don't want to move him. He is not stable."*

Many families might give up at this point thinking the hospital staff is correct and that it is not a stroke and therefore let things settle down and reevaluate later. No harm in being conservative and careful, but that was not the path Kay and J.B. took.

*Kay: I knew we could not wait until the morning to do the angiogram. J.B said, "Mom, we'll have to get him out of here; we need a strategy." I was being abrasive but I knew we had to get out of there; we only had so much time! J.B. took the doctor [consulting neurologist] into the hall for a private conference.*

*J.B. asked him, "Do you have any colleagues at Saint Luke's who might help us since we are not certain what we are dealing with here? It would sure help alleviate my mother's anxiety." The consultant said that he did have colleagues there and that he would call. He came back in about three minutes and said, "I think you need to be at Saint Luke's Stroke Center." It took about twenty minutes to get Jim ready and out of that ER, and then we were gone.*

Jim's transfer was directed by his two strong advocates, Kay and J.B.

*Kay: We were met at the first electric door of the emergency room at Saint Luke's by the stroke team. They asked us questions, and as fast as we could spit out an answer they*

*would ask some more: How long has it been? What happened to him? Did he fall? Where has he been? What has been done? and so forth. Finally, we gave them permission to break up the clot.*

*They did not find a clot to extract but they gave him tPA, and within about twenty minutes of the infusion Jim began to come around. He wasn't right but he was opening his eyes and seemed more lucid.*

*Jim: I did not know where I was or what was happening. I did not know where I was until two days later. I was able to speak but my speech was garbled. I also had some left-sided weakness.*

Kay and J.B. are very savvy healthcare consumers. When they saw that things were not going their way, they wanted to make a change in hospitals to one that was "stroke ready." They never seemed to be discouraged. They never gave up.

*Kay: We wanted to go to Saint Luke's Stroke Center because they have experience, they have trials, and they have specialists. They have round-the-clock teams standing by ready whenever you need them. At 10:30 on Saturday night, Saint Luke's stroke team was ready to go. You do not want to play with stroke in a hospital that is not "stroke ready." It's just like restaurants. You do not want to go to a restaurant with no cars in the parking lot; you want to go to a restaurant with a lot of cars in the parking lot.*

*Jim: I have told many people of my experience with stroke and the importance of getting to a hospital that is "stroke*

*ready.” They need a stroke team. I am living proof of how important time is with a stroke. It can make the difference between life and death. It makes a huge difference in the quality of life you will have. For example, I went back to work in six weeks with only a little left-sided weakness and some occasional balance problems. I am now sixty-five [63 at the time of stroke]. I am not the typical sixty-five-year-old. I am still very active and I want to be as productive as I can be.*

*Kay: J.B. and I both work for Saint Luke’s Hospital so we are biased. I have been educated by stroke survivors who visit Saint Luke’s. We do educational events with them and I receive their newsletters. So I knew something about stroke, the value of a stroke team and how critical timing was if reversal was attempted. I knew we had to move quickly.*



## **COMMENTS**

Jim’s symptoms were due to a basilar artery clot. Sometimes that kind of clot partially dissolves or moves to a location that is inaccessible to the Merci® Retriever. In these cases, intra-arterial tPA provides a good option for treating whatever clot may be left.



