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Editorial



# The Crucial Role of Emergency Stroke Observational Units

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Stroke is a leading cause of disability and death worldwide. Rapid and effective intervention is critical to improving outcomes for stroke patients, making the need for specialized care units, such as Emergency Stroke Observational Units (ESOU), more vital than ever. Sometimes there is extensive differential diagnosis that can be some signs of stroke, such as vertigo.

ESOUs are dedicated spaces within hospitals designed to provide immediate and specialized care to stroke patients. These units are staffed by multidisciplinary teams of healthcare professionals, including neurologists, nurses, and rehabilitation specialists, all trained in stroke management.<sup>3</sup> The primary goal of an ESOU is to ensure that patients receive prompt and precise treatment, which is crucial given the time-sensitive nature of stroke intervention.<sup>3</sup>

#### **Rapid Diagnosis and Treatment**

One of the key advantages of ESOUs is their ability to perform rapid and accurate diagnoses. Using advanced imaging technologies, such as computed tomography scans and magnetic resonance imaging, clinicians can quickly determine the type and severity of the stroke.<sup>4</sup> This enables the initiation of appropriate treatments, such as thrombolysis for ischemic strokes, within the critical therapeutic window. Research has consistently shown that faster treatment leads to better outcomes, reducing the extent of brain damage and improving the chances of recovery.<sup>5</sup>

# **Continuous Monitoring and Management**

Moreover, ESOUs are equipped with continuous monitoring of patients during the acute phase of a stroke. This constant surveillance allows for the immediate detection and management of complications, such as increased intracranial pressure or recurrent strokes.<sup>6</sup> The

presence of specialized staff ensures that any changes in the patient's condition are promptly addressed, minimizing the risk of deterioration.

#### **Early Rehabilitation and Prevention of Complications**

In addition to acute care, ESOUs play a significant role in the early stages of rehabilitation. Early mobilization and physical therapy are initiated within these units to prevent secondary complications such as deep vein thrombosis and pneumonia. By starting rehabilitation early, patients are more likely to regain their functional abilities and achieve a better quality of life post-stroke.<sup>7</sup>

#### **Efficiency and Resource Optimization**

The establishment of ESOUs also contributes to the overall efficiency of the healthcare system. By concentrating stroke care in a specialized unit, hospitals can streamline their resources and reduce the burden on general emergency departments. This specialized focus leads to improved outcomes not only for stroke patients but also for other emergency cases that require immediate attention.<sup>8</sup>

### **Challenges and Investment**

However, the implementation of ESOUs requires significant investment in infrastructure, training, and continuous education of healthcare professionals. It also necessitates a coordinated effort among various departments within the hospital to ensure seamless patient care. Despite these challenges, the benefits of ESOUs far outweigh the costs, as evidenced by improved patient outcomes, reduced long-term disability, and overall healthcare savings. 10

## Conclusion

In general, ESOUs are indispensable in the fight against



stroke. They represent a critical advancement in the delivery of stroke care, providing rapid diagnosis, effective treatment, and early rehabilitation. As stroke continues to be a major public health issue, the expansion and support of ESOUs should be a priority for healthcare systems worldwide. Investing in these units is not only a step toward better stroke outcomes but also a commitment to improving the quality of life for countless individuals affected by this debilitating condition. 11,12

#### **Ethical approval**

Not applicable.

#### **Conflict of interests**

None declared.

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