

Did you know that kids can have strokes too?

- Stroke can occur before birth, in infants, children and young adults. As many as 13 per 100,000 children suffer from stroke. The highest risk of stroke in children is in the first 5 years, particularly in the neonatal period.
- Though children recover better from strokes than adults, permanent complications are still common which will impact them for the rest of their lives. Because we do not think about newborns and children having strokes, their diagnosis is very often delayed.
- Prompt recognition of stroke is important to maximize recovery. Our multidisciplinary stroke center can help diagnose, treat and rehabilitate children with stroke.



Children's National™

111 Michigan Avenue, NW
Washington, DC 20010
Phone: 202-476-3611
ChildrensNational.org

CNMC Stroke Team

Our multidisciplinary stroke team consists of hematologists, physical medicine and rehabilitation, physicians, neurosurgeons, and neuro-radiologists.

We provide care in the acute, sub-acute and chronic stages of stroke. Call 202-476-3611 and request an appointment with our STROKE CLINIC.



Jessica Carpenter
Neurologist



Raquel Farias-Moeller
Neurologist



Paola Pergami
Neurologist



Children's National™

Pediatric Specialty Care



Stroke Facts

What is a stroke?

A stroke happens when an area of brain does not get enough blood and oxygen. This can be because of a blockage or bursting of a blood vessel. When this happens areas of the brain can get damaged.

What are some risk factors for stroke in children?

- Congenital Heart Defects
- Sickle-cell disease
- Immune problems
- Blood vessel problems
- Abnormal blood clotting
- Head or neck trauma
- Maternal history of miscarriages
- Family history of blood clots

What are the signs of stroke in children?

In the acute stage children can present similarly to adults with a facial droop, a weakness on one side of the body and slurred speech. They can also have seizures, profound sleepiness, loss of balance or coordination, headaches or persistent vomiting.

In the chronic stage children can have limping, tendency to bump into objects on the side, preferential use of one hand, delayed milestones and seizures.



What should you do if you suspect a stroke on a child?

For acute symptoms call 911 immediately and clearly state that you suspect a child is having a stroke. Providers will ask you when the last time the child was known to be normal.

For chronic symptoms talk to your pediatrician about your concerns. Engage your child in early intervention therapy. Ask to be referred to Children National Health System.

Evaluation & Management

What tests are used to evaluate for stroke?

When there is a stroke suspected the child needs urgent brain imaging tests, like a CT scan or an MRI. Some of these imaging tests need to be done with sedation.

Determining the cause of stroke is very important. Blood samples will need to be obtained.

Strokes can sometimes be caused by problems of the heart, so expect your child to have an EKG and echocardiogram.

The child will usually be admitted to the ICU under the care of a multidisciplinary team.

How is a stroke treated in children?

The treatment for stroke depends on the cause. Some children will require blood-thinners or antiplatelet agents, like Aspirin. If a child presents early they may be given a clot buster (tPA).

Regardless of the cause, the child will require subsequent neurologic care and rehabilitation services, all of which we can provide through the pediatric stroke center at CNMC.