
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 784 Session of
2014

INTRODUCED BY FABRIZIO, SCHLOSSBERG, V. BROWN, READSHAW,
DIGIROLAMO, BISHOP, LUCAS, HENNESSEY, MCNEILL, O'BRIEN,
CALTAGIRONE, VEREB, BROWNLEE, COHEN, KINSEY, MATZIE,
MIRABITO, LONGIETTI, YOUNGBLOOD, KILLION, MURT, MILLARD,
PICKETT, FREEMAN, MCCARTER, DONATUCCI, KORTZ, SONNEY,
FRANKEL, DENLINGER, ROSS, MARSICO, EVERETT, GRELL, DAVIDSON,
DAVIS, BIZZARRO, NEILSON, PASHINSKI, TOOHIL, GOODMAN,
MICOZZIE, MAHONEY, D. COSTA, SABATINA, C. HARRIS, MAJOR,
FLECK, MILNE, GINGRICH AND GABLER, APRIL 10, 2014

INTRODUCED AS NONCONTROVERSIAL RESOLUTION UNDER RULE 35,
APRIL 10, 2014

A RESOLUTION

1 Recognizing the month of May 2014 as "Pediatric Stroke Awareness
2 Month" in Pennsylvania.

3 WHEREAS, Stroke, also known as cerebrovascular disease,
4 happens when blood flow to the brain stops, resulting in tissue
5 injury and loss of brain function; and

6 WHEREAS, A stroke is a medical emergency that can cause
7 permanent neurologic damage, or even death, if not promptly
8 diagnosed and treated; and

9 WHEREAS, Stroke is not restricted to adults; and

10 WHEREAS, Stroke is an important cause of neurologic morbidity
11 in childhood; and

12 WHEREAS, Stroke can occur in children of any age; and

13 WHEREAS, According to the American Stroke Association, stroke
14 occurs in approximately one out of every 3,500 live births and

1 has an overall annual incidence of 4.6 per 100,000 children 19
2 years of age and under; and

3 WHEREAS, Many children with stroke syndromes are misdiagnosed
4 with more common conditions that mimic stroke, such as
5 migraines, epilepsy or viral illnesses; and

6 WHEREAS, Pediatric stroke risk factors include arteriopathy
7 and vascular malformations, congenital heart disease, sickle
8 cell disease and hematologic abnormalities among others; and

9 WHEREAS, Approximately 60% of infants and children who have a
10 pediatric stroke will have serious, permanent neurological
11 disabilities, including paralysis, seizures, speech and vision
12 problems and attention, learning and behavioral difficulties;
13 and

14 WHEREAS, Those disabilities may require ongoing physical
15 therapy and surgeries; and

16 WHEREAS, Stroke recurs within five years in 10% of children
17 who have had an ischemic or hemorrhagic stroke; and

18 WHEREAS, According to the National Center of Health
19 Statistics, stroke in children is at least as frequent as brain
20 tumors and is among the top ten causes of death in children
21 between the ages of one and 14 in the United States; and

22 WHEREAS, The death rate for children who experience a stroke
23 before the age of one is the highest out of all child age
24 groups; and

25 WHEREAS, The permanent health concerns and treatments
26 resulting from strokes that occur during childhood and young
27 adulthood have a considerable impact on children, families and
28 society; and

29 WHEREAS, There are no approved therapies for the treatment of
30 acute stroke in infants and children; and

1 WHEREAS, Many of the procedures increasingly used in children
2 with cerebrovascular disease have been adapted from studies in
3 adults; and

4 WHEREAS, Accumulating experience with antithrombotic and
5 anticoagulant treatment in children suggests that these agents
6 can be safely used in children, though their efficacy and proper
7 dose still need to be established by controlled trials; and

8 WHEREAS, Thrombolytic agents should be as effective in
9 children as in adults, but safety data is inadequate for
10 children, and the timing and dosage need to be determined for
11 children and adolescents; and

12 WHEREAS, Not enough is known about the cause, treatment and
13 prevention of pediatric stroke; and

14 WHEREAS, Medical research is the only means by which people
15 can identify and develop effective treatment and prevention
16 strategies for pediatric stroke; and

17 WHEREAS, Early diagnosis and treatment of pediatric stroke
18 greatly improves the chances that the affected child will
19 recover and not experience a recurrence; and

20 WHEREAS, Continued coordination and cooperation among
21 researchers, families and the public is needed to improve
22 treatments and prognoses for children who suffer strokes;
23 therefore be it

24 RESOLVED, That the House of Representatives recognize May
25 2014 as "Pediatric Stroke Awareness Month" and urge the people
26 of this Commonwealth to support the efforts, programs, services
27 and organizations that work to enhance public awareness of
28 pediatric stroke.