OwieClear Stroke Page Accuracy Review

Page: https://owieclear.com/conditions/stroke/
Reviewed: November 17, 2026

Overall assessment

This is a **strong emergency-focused page**. BE FAST, call 911 immediately (even if symptoms resolve), last-known-well time, ischemic vs hemorrhagic distinction, TIA as warning, tPA/thrombectomy time sensitivity, and prevention priorities are accurate and appropriately urgent. The “Less common” section is mostly reasonable; sudden severe headache is more specific to hemorrhage/SAH and deserves clear emergency framing.

What’s currently listed

BE FAST (main)

- Balance · Eyes · Face · Arm · Speech · Time → 911

Less common

- Sudden severe headache · Sudden confusion · Dizziness/nausea/vomiting · Unilateral numbness/tingling

Accuracy of symptoms / BE FAST

Item	Verdict	Notes
BE FAST core	Accurate	Widely used public stroke recognition tool
Sudden severe headache	Emergency	Classic for SAH / hemorrhage; not “less common” mild headache
Sudden confusion	Appropriate	Can be stroke or other emergency
Dizziness / nausea	Acceptable	Posterior circulation strokes can present this way
Unilateral numbness	Core sensory	Fits with arm/face weakness domain

Strengths

- Call 911 immediately; every minute counts — correct priority
- Call even if signs go away (TIA) — critical teaching point
- Note time last known normal — essential for treatment windows
- Ischemic (most common) vs hemorrhagic explained simply
- TIA as warning of impending stroke
- tPA within hours + mechanical thrombectomy mentioned
- Don’t give food/drink/medicine before evaluation — correct
- Don’t drive the person yourself — call EMS
- Risk factors: HTN (biggest), AFib, smoking, diabetes, cholesterol, prior stroke/TIA
- Prevention aligned with risk-factor control
- Myths: not only older people; don’t wait to see if it passes
- Rehab role after stroke

Minor gaps / suggested tightenings

1. Thunderclap headache framing

“Sudden severe headache with no known cause” is listed under less common. Elevate it as an emergency symptom (possible subarachnoid hemorrhage), consistent with the 911 section’s “worst headache of your life.”

2. Posterior circulation strokes

Optional: dizziness, double vision, imbalance, or difficulty swallowing can be stroke — BE FAST still applies; don’t dismiss as “vertigo only.”

3. Treatment time windows (high level)

Page says clot-busting medicine works best within hours. Optional: thrombolysis typically within 4.5 hours for eligible patients; thrombectomy windows can be longer in selected cases — still “call 911 now,” not “wait and calculate.”

4. Secondary prevention detail

Antiplatelets, anticoagulation for AFib, statins, BP control are present. Fine for consumer level.

5. Family history

“Does it run in families?” only says not contagious. Some risk clusters in families via shared risk factors and rare genetic conditions; optional brief note.

Suggested symptoms framing (keep BE FAST primary)

Call 911 for any sudden:

- Face droop · Arm/leg weakness or numbness · Speech difficulty · Vision loss/double vision · Severe balance loss · Worst headache of life · Sudden confusion

Also emergency if symptoms resolved — possible TIA; still needs same-day evaluation.

Bottom line

Area	Rating
BE FAST + 911 urgency	Excellent
TIA as emergency warning	Accurate
Ischemic vs hemorrhagic	Accurate
Last-known-well time	Accurate
Acute therapy (tPA, thrombectomy)	Appropriate high-level
Sudden severe headache ranking	Elevate to emergency
Risk factors & prevention	Strong
Myths section	Excellent

Overall: One of the stronger emergency pages. Highest-value micro-edit is elevating sudden severe (“thunderclap”) headache from “less common” into the clear emergency list. Everything else—BE FAST, TIA, time zero, and prevention—is in good shape.

Review based on page content as of November 17, 2026, cross-checked against standard stroke recognition and acute-care principles (AHA/ASA-style public messaging).