

Class Preparation Ischemic Stroke

Directions: Read the scenario and complete the table below

Scenario: A 70-year-old patient diagnosed with an Ischemic Stroke was admitted 1 day ago. His medical history includes hypertension, osteoarthritis, and type 2 diabetes mellitus. He has right-sided paralysis, garbled speech, and a weak cough reflex. This morning, he is very restless. Vital signs: Blood pressure 160/80, pulse 110, respirations 24. Oxygen saturation is 90%.

Use an X to indicate which actions listed in the left column would be implemented to prevent complications in this patient. Write the rationale for each action (why or why not would this be implemented?).

Actions	Implemented	Rationale
Administer subcutaneous heparin.	X	Heparin is an anticoagulant that will prevent the further accumulation and size of thrombi, preventing future strokes, especially with a previous ischemic stroke.
Implement seizure precautions.	X	HTN increases ICP, especially after an ischemic stroke, meaning that seizures are a potential complication, so seizure precautions should be implemented.
Apply oxygen via cannula at 2 L/min.	X	SpO2 is at 90% RA, so applying supplemental O2 via NC at 2 L/min will increase tissue perfusion to the brain and beyond.
Consult speech therapy.	X	Pt has garbled speech, so speech therapy should be consulted for a swallow evaluation to prevent future aspiration.
Position the patient on his right side for no longer than 2 hours.		Not indicated because the pt already has paralysis on the R side, meaning that they cannot adequately sense peripheral vascular compromise, potentially causing complications (pressure injury).
Perform passive ROM exercises.	X	Passive ROM will help with maintaining R-sided muscle tone and elasticity.
Elevate head of bed 45 degrees.	X	Pt is at risk for aspiration due to R-sided paralysis, garbled speech, and weak cough reflex, so raising the HOB

		45 degrees will help prevent aspiration.
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