

**Nursing 102 Care of Adults
Clinical Preparation Week- 2025**

Neurosensory: Stroke

**** Due Wednesday, February 5th by 0830 to Dr. Baich's DropBox ****

1. Log on to ATI
 - a. Learn Tab → Engage Adult Medical Surgical RN → Alterations in Neurologic Function → Review the “Stroke” lesson → Watch the “Stroke” Podcast
2. Complete the following:
 - a. After reviewing the stroke lesson:
 - i. What does BE FAST stand for? Expand upon each letter:

B: Balance – Does the pt. have a sudden loss of balance? May evaluate by having pt. walk in a straight line

E: Eyes – Does the pt. have blurred, double, or total vision loss in one or both eyes?

F: Face – Facial symmetry- Is there sudden facial drooping?

A: Arms – Does the pt. have unilateral or bilateral weakness or numbness in arms? Hemiparesis?

S: Speech – Does pt. have sudden slurred speech? Expressive aphasia or dysarthria?

T: Time – Call 911 STAT or rapid response if in the hospital. Irreversible brain damage can occur quickly as time progresses with no treatment.

- ii. What is the treatment for stroke?

Hemorrhagic	Ischemic
<ul style="list-style-type: none"> - Thrombectomy of the cerebral artery - Decompressive hemicraniectomy to relieve intracranial pressure - Additional surgeries to remove excess fluid - Insertion of vascular coils or clips to treat ruptured cerebral aneurysms - If on anticoagulants- may need a reversal agent or infusion of plasma - S/p rehabilitative services 	<ul style="list-style-type: none"> - Admin. of alteplase within 3 hours of the onset of Sx's of stroke to restore cerebral blood flow (Should be placed in critical care units to monitor for complications such as bleeding and angioedema) - Aspirin given within 48 hr of Sx's of stroke to decrease the risks for recurrence

- iii. Have the NIH Stroke Scale available (will be posted in the clinical prep lesson on edvance360). Watch the following video and complete the NIH Stroke Scale: <https://www.youtube.com/watch?v=Yca-VJiHufU>.

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| <ol style="list-style-type: none"> 1. 1a: Level of Consciousness: <u>2- Requires repeated stimulation to attend</u> 2. 1b: LOC Questions: <u>2- Answers neither question correctly</u> 3. 1c: LOC Commands: <u>0- Performs both tasks correctly</u> 4. Best Gaze: <u>1- Partial gaze palsy; gaze is abnormal in one or both eyes</u> 5. Visual: <u>1- Partial hemianopia</u> 6. Facial Palsy: <u>1- Minor paralysis (Mild one-sided droop c smile)</u> | <ol style="list-style-type: none"> 7. Motor Arm: <u>Arm Right-0 (No drift); Arm Left-2 (Some effort against gravity)</u> 8. Motor Leg: <u>Leg Right-0 (No drift); Leg Left-2 (Some effort against gravity)</u> 9. Limb Ataxia: <u>1- Present in 1 limb (Left)</u> 10. Sensory: <u>2- Severe or total loss (Did not feel sensation on left cheek)</u> 11. Best Language: <u>0-No aphasia; Normal</u> 12. Dysarthria: <u>0- Normal</u> 13. Extinction and Inattention: <u>0- No Abnormality</u> 14. Total Score: <u>14</u> |
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- b. After watching the Podcast:
 - i. What is the role of the rehab nurse when working with a stroke patient?
 1. Rehab nurses assist stroke and post-stroke pt's with regaining function and adapting to new deficiencies or limitations. Rehab nurses are also crucial for coordinating care (PT, OT, and SLP) and providing education to the patient and

their families. Adjusting to a new way of living for post-stroke patients can be difficult and emotionally challenging. Rehab nurses must remain patient and provide encouragement and emotional support to promote growth and a higher quality of living.

- ii. What is the role of OT when working with a stroke patient?
 - 1. Occupational therapist's help pt's who are s/p CVA relearn ADLs and provide them with the assistance (whether it be adaptive equipment or one-on-one help) to accomplish those activities. For example, if a pt. is dysphagic, OT's can recommend a change in the kind of foods the pt. eats. If the pt. is experiencing unilateral numbness, they made need to change the way they put on a shirt or get dressed. Occupational therapy continues until the client is independent or they have achieved the highest quality of life that can be achieved given the circumstances.

- iii. Why is a speech language pathologist (SLP) important when a patient is recovering from a stroke?
 - 1. SLPs focus on voice, motor speech, and fluency and are able to set up assistive technology. Pt's who suffered from a stroke typically experience trouble speaking and remembering the right words. They may also have difficulty or pain when eating, chewing, or swallowing. The SLP can help the pt. adapt to these deficiencies and can make recommendations to make the processes easier. SLPs and OTs often communicate to maintain continuity of care and provide the pt. with the highest quality of care possible.