

**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:

Balance: loss of balance & coordination, dizziness, walking differently

Eyes: able to see out of both eyes, changes in vision (blurry, double, loss of vision)

Face: is face symmetrical, drooping, or numbness, ask to smile and check if uneven

Arms: numbness, raise arm and look for downward drift

Speech: hard time speaking, trouble understand others, slurred speech, saying words that don't make sense, confusion

Time: call 911 immediately if someone has any s/s, note time first s/s appeared, get treatment as soon as possible

ii. What is the treatment for stroke?

Hemorrhagic	Ischemic
Thrombectomy: removal of blood clot from vessel Decompressive hemicraniectomy: removal of part of skull to decrease ICP and let brain swell	Treatment to restore blood flow by dissolving or removing clots & preventing new ones from forming. -Administration of alteplase (w/n 3 hr of onset) -Thrombolytic medications & aspirin

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>.

1. 1a: Level of Consciousness: 0-Alert, 1-Sleepy but arouses, 2-cannot stay awake, 3-no purposeful response
2. 1b: LOC Questions: Month and age. 0-both correct, 1-one correct/intubated, 2-neither correct
3. 1c: LOC Commands: Open and close eyes, grip and release non-paretic hand. 0-obey both, 1-obey one, 2-obey neither

4. Best Gaze: 0-normal, 1-partial side to side movement, 2-fixed gaze/gaze doesn't change
5. Visual: 0-normal visual fields, 1-blind upper or lower field on one side, 2-blind upper & lower field on one side, 3-bind in both eyes
6. Facial Palsy: 0-normal, 1-minor paralysis (mild one side droop w/ smile), 2-partial paralysis (obvious droop at rest), 3-complete paralysis of one or both sides of face
7. Motor Arm: 0-no drift, 1-drift but doesn't hit bed, 2-drift and hits bed, 3-no effort against gravity, 4-no movement, un-amputation, joint fusion
R: 0, L: 2
8. Motor Leg: : 0-no drift, 1-drift but doesn't hit bed, 2-drift and hits bed, 3-no effort against gravity, 4-no movement, un-amputation, joint fusion
R:0 L:2
9. Limb Ataxia: 0-absent, 1-present in 1 limb, 2-present in 2 limbs
10. Sensory: 0-normal, 1-mild-moderate sensory loss, 2-severe or total sensory loss
11. Best Language: 0-normal, 1-mild to moderate aphasia, 2 sever aphasia, 3 mute/global aphasia
12. Dysarthria: 0-normal, 1 mild to moderate dysarthria, 2-severe dysarthria, un-intubated_
13. Extinction and Inattention: 0-no abnormality, 1-visual, tactile, auditory, spatial or personal inattention, 2-profound hemi-inattention or extinction in more than one modality
14. Total Score: 14

b. After watching the Podcast:

1. **What is the role of the rehab nurse when working with a stroke patient?** Work with the client, their family, and other members of the team. They help ensure that the client is doing what they need to do in order to get back to their highest functioning potential.
2. **What is the role of OT when working with a stroke patient?** They help determine needs for different adaptive equipment as well as learning how to do everyday tasks such as ADLs. They advise clients and their families about planning to adapt to the new normal.
3. **Why is a speech language pathologist (SLP) important when a patient is recovering from a stroke?** They are important for helping the client relearn how to speak using may different techniques as well as helping the client be able to better verbally communicate.