

## 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.	NO	This pt. is NOT stable. Anticoag therapy in the emergency phase can ↑ R/F intracranial hemorrhage. Once stable, anticoag. can be admin to prevent further clot formation.
Implement seizure precautions.	X	↑ R/F seizures post-stroke • Scar tissue formed in brain areas damaged by strokes send out abnormal electrical signals. This electrical activity can trigger seizures ↑ ICP!!!
Apply oxygen via cannula at 2 L/min.	X	Pt. is hypoxic! ↳ O <sub>2</sub> should be maintained @ or above 92% to prevent further brain damage + prevent atelectasis / pneumonia ↓ blood flow to brain
Consult speech therapy.	X	For ⊙ sided paralysis, garbled speech, + weak cough reflex → ↑ R/F aspiration • SLPs can help pt.'s regain lost speech/language abilities + prevent aspiration by identifying safe food consistencies + implement strategies that allow for safe swallowing
Position the patient on his right side for no longer than 2 hours.	NO	The weak or paralyzed side of the body should only be positioned on the bed for ≤ 30 min
Perform passive ROM exercises.	X	Active + passive ROM prevents joint stiffness, + improves circulation to extremities, which helps prevent DVT/PE development. DVT's/VTE's can travel to the brain - re-stroke
Elevate head of bed 45 degrees.	X	Reduces the risk for aspiration r/f ⊙ sided paralysis + weak cough reflexes Promotes diaphragmatic breathing + improved lung expansion (left hypoxia)