

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%.

Actions	Implemented	Rationale
Administer subcutaneous heparin.	X	This would be implemented as DVT prophylaxis/ to prevent any blood clots due to the pts right side paralysis leading to immobility.
Implement seizure precautions.	X	This would be implemented since the pt is showing signs of restlessness which can be a sign of a seizure/ neurological changes.
Apply oxygen via cannula at 2 L/min.	X	This would be implemented due to the pts O2 being below 92% (90%) also due to the 24 RR which shows an increased work of breathing. This will help maintain oxygenation and perfusion to the brain.
Consult speech therapy.	X	This would be implemented since the pt is at risk for dysphagia due to garbled speech and weak cough.
Position the patient on his right side for no longer than 2 hours.		This would NOT be implemented because being on the right side for too long increases the risk for pressure injuries, should do more frequent turns.
Perform passive ROM exercises.	X	This would be implemented to help prevent any joint and muscle stiffness, pain, atrophy. Also since the pt has a hx of osteoarthritis.
Elevate head of bed 45 degrees.	X	This would be implemented to prevent aspiration due to the pts weak cough reflex.

