

## 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.		Heparin, an anticoagulant medication, is not recommended for patients with hemorrhagic stroke because it may worsen bleeding complications.
Implement seizure precautions.	<b>X</b>	Patients with hemorrhagic strokes face a heightened risk of seizures because the presence of blood in the brain can lead to irritation and increased neural activity. Implementing seizure precautions helps safeguard the patient from potential injury during another seizure episode.
Apply oxygen via cannula at 2 L/min.	<b>X</b>	The patient's oxygen saturation is at 90%, which is below the normal range of 95–100%. Administering supplemental oxygen can help maintain adequate oxygen levels and prevent hypoxia, thereby reducing the risk of further brain damage.
Consult speech therapy.	<b>X</b>	Consulting speech therapy is essential for this patient. Given the garbled speech and weak cough reflex, there is likely a risk of swallowing difficulties or aspiration, which could lead to further complications. Speech therapy can evaluate these issues and provide strategies or interventions to manage them effectively.
Position the patient on his right side for no longer than 2 hours.	<b>X</b>	Frequent repositioning is crucial to prevent pressure ulcers, particularly for a patient with right-sided paralysis who

		cannot change positions independently. Regularly altering the patient's posture helps preserve skin integrity and avoid complications like bedsores.
Perform passive ROM exercises.	<b>X</b>	Passive range-of-motion exercises are essential for maintaining joint flexibility, preventing contractures, and improving circulation in paralyzed limbs. These exercises play a critical role in the care of a patient with right-sided paralysis.
Elevate head of bed 45 degrees.		For ischemic stroke patients, positioning the head of the bed flat or at 30 degrees is often recommended to optimize cerebral blood flow and oxygen delivery to the brain.