

Nursing 102 Care of Adults
Neurosensory: Stroke
Clinical Preparation Week

**** Due Tuesday, February 3rd by 0830 to Dr. Allen's DropBox or bring to class at 0830 ****

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

F: Face Drooping

A: Arm weakness

S: Speech difficulty

T: Time to call emergency services

- ii. What is the treatment for stroke?

Hemorrhagic	Ischemic
Restore coagulation (for patients on anticoagulants, administer a reversal agent or infuse plasma products. Blood pressure management is crucial and may even require an antihypertensive to be administered. Elevating the bed to 30 degrees can manage increased cranial pressure. Surgical interventions may be necessary in life-threatening cases. Rehab should be initiated within the first 24 hours.	The goal is to restore blood flow by dissolving or removing clots and prevention of new clots within several hours of manifestations. Administer thrombolytics within three hours of manifestations; clients who receive this should be moved to dedicated stroke units or critical care units for at least several hours following. Aspirin may be prescribed within 48hr to decrease the risk of reoccurrence. Surgery may be indicated; thrombectomy (removal of the clot) or decompressive hemicraniectomy (relieve ICP from swelling of the brain.

iii. Have the NIH Stroke Scale available. Watch the following video and complete the NIH Stroke Scale: <https://www.youtube.com/watch?v=Yca-VJiHufU>.

1. 1a: Level of Consciousness: **2**
2. 1b: LOC Questions: **2**
3. 1c: LOC Commands: **0**
4. Best Gaze: **1**
5. Visual: **1**
6. Facial Palsy: **1**
7. Motor Arm: **Right Arm: 0 - Left Arm: 2**
8. Motor Leg: **Right Leg: 0 - Left Leg 2**
9. Limb Ataxia: **Left Arm: 1- clumsy in one limb**
10. Sensory: **Left Cheek- 1 (could not feel sensations)**
11. Best Language: **0**
12. Dysarthria: **0**
13. Extinction and Inattention: **0**
14. Total Score: **13**

b. After watching the Podcast:

i. What is the role of the rehab nurse when working with a stroke patient?

The role of the rehab nurse is to work closely with PT, OT, and occasionally speech pathologists to get the affected client to perform ADLs again like they used to as similarly as possible.

ii. What is the role of OT when working with a stroke patient?

The role of OT when working with a stroke patient is to assess the clients need for assistance with fine motor skills, and work on obtaining the proper tools/assistive devices the client may need to achieve progressive goals. The OT may make casts for the client who is in need. The main goal of OT is focusing on the clients fine motor skills. (for example: teaching the client how to eat with utensils again).

iii. Why is a speech language pathologist (SLP) important when a patient is recovering from a stroke?

A speech language pathologist (SLP) is important for patients recovering from stroke because often times when a patient has a stroke they experience dysphasia, difficulty speaking, and un-symmetrical facial drooping. The SLP helps determine if the patient can safely swallow food, the need for consistency of the patients food/liquid, and ultimately works with the patient on relearning how to speak clearly after a stroke occurs.