

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: Facial drooping- weakness or asymmetry of face

A: Arm weakness- numbness or weakness in one arm

S: Speech disturbance- slurring of speech

T: Time to call 911/activate stroke protocol- if one or more of these three manifestations are present

- ii. What is the treatment for stroke?

ICP= Intracranial pressure

Ischemic: Dissolving or removing clots and preventing new clots from forming will help minimize the of ischemia if performed within several hours it has presented itself (this refers to procedures such as thrombectomy of the cerebral artery, decompressive hemicraniectomy to relieve ICP from swelling of the brain, as well as a possibility of the use of a drain within the ventricles to remove excess fluid from the intercranial space and decrease ICP).

In terms of medication, Alteplase can be administered within 3 hours since the stroke has presented itself to restore cerebral blood flow (those who are given medication to manage these ischemic strokes should be admitted into a dedicated stroke unit for close monitoring of the possibility of further complications. Aspirin may be prescribed as well as a adjunct therapy.

Hemorrhagic:

It is important to pay close attention to clients who are already taking anticoagulants at the time of a hemorrhagic stroke, it is indicated to administer a reversal medication such as Idarucizumab for Dabigatran or Adexanet alfa for Factor Xa inhibitors or to infuse plasma products such as fresh frozen plasma or prothrombin complex concentrate to bring back coagulation, decrease bleeding and decrease the overall risk of further hemorrhage. It is important to include constantly monitoring of the blood pressure. IV antihypertensives are commonly included such as nicardipine or labetalol to slow intercranial bleeding while preserving cerebral perfusion.

- 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 (cannot stay awake)

2. 1b: LOC Questions: 2 (incorrect answer)
3. 1c: LOC Commands: 0
4. Best Gaze: 1 (partial eye opening)
5. Visual: 1 (Partial blindness in one eye)
6. Facial Palsy: 1 (mild side droop w smile)
7. Motor Arm: L: 2 R: 0
8. Motor Leg: L:2 R: 0
9. Limb Ataxia:1 (clumsy in one limb, touch nose and finger at different locations)
10. Sensory: 2 (no sensation on R side of body)
11. Best Language:0
12. Dysarthria: 0
13. Extinction and Inattention:2
14. Total Score: 16

b. After watching the Podcast:

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

Rehab nurses focus on getting the client as close to the way they were before their incident, as best as possible. These nurses will back up the interventions from the PT/OT and remind them to maintain compliance.

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

What kind of adaptive equipment one might need and how they can successfully complete ADL activities and will use the help of the PT to help the client build strength so these activities can be performed safely

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

A SLP will focus on communication, relearning how to swallow with decreased pain, voice, motor speech, fluency and occasionally assistive technology; these are all things which are likely to have been affected after one has had a (paralysis, weakness, difficulty while chewing or swallowing).