

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
<p>The primary focus is to stop the bleeding, prevent further brain injury, and to support recovery.</p> <ul style="list-style-type: none"> • Immediate cessation of anticoagulants and antiplatelets (Aspirin/ Plavix) and the reversal of anticoagulation if indicated (idarucizumab for dabigatran, andexanet alfa for factor Xa inhibitors, or plasma products such as fresh frozen plasma or prothrombin complex concentrate to restore coagulation, reduce the severity of bleeding, and minimize the risk of further hemorrhage. • Manage blood pressure using IV hypertensives (nicardipine or labetalol) To limit ongoing intracranial 	<p>The primary focus is to restore blood flow quickly, to prevent further clot formation, and to minimize injury to the brain.</p> <ul style="list-style-type: none"> • Administration of alteplase within three hours of onset symptoms of stroke to restore cerebral blood flow (patients who receive alteplase or other thrombolytic medications should be placed in dedicated stroke units or critical care for several hours following administration to

<p>bleeding while maintaining cerebral perfusion.</p> <ul style="list-style-type: none"> • Elevate the head of the bed to 30°, maintain normothermia, and use hyperosmolar therapy if indicated to manage increased intracranial pressure • If seizures occur, antiepileptic drugs can be used • Decompressive craniotomy may be indicated in life threatening cases where there is hematoma expansion or brainstem compression • Rehabilitation should be initiated within the first 24 hours of admission when the client is medically stable (physical therapy for strength and mobility), occupational therapy (to support daily activities), and speech therapy if swallowing or communication was impacted 	<p>monitor for bleeding and angioedema)</p> <ul style="list-style-type: none"> • Aspirin may be taken within 48 hours of manifestations of stroke to prevent risk of reoccurrence • thrombectomy of the cerebral artery may be indicated to remove the clot blocking the blood flow • decompressive hemicraniectomy can be performed to relieve intracranial pressure due to brain swelling
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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- neither correct
3. 1c: LOC Commands: 0- performs both tasks correctly
4. Best Gaze: 1- partial gaze palsy
5. Visual: 1- partial hemianopia
6. Facial Palsy: 1- minor side droop with smile, minor paralysis
7. Motor Arm: right arm-0; left arm 2 (drifts down/ hits bed)
8. Motor Leg: right leg-0; left leg-2 (some effort against gravity/ leg falls to bed by 5 seconds)
9. Limb Ataxia: 1- present in one limb (Coordination-1 clumsy in one limb)
10. Sensory: 2- cannot feel sensation on L cheek

11. Best Language: speech (content)- 0 normal, no aphasia, full sentences
12. Dysarthria: (slurring)-0 normal, no slurring
13. Extinction and Inattention: 0- no abnormality
14. Total Score: **14**

b. After watching the Podcast:

- i. What is the role of the rehab nurse when working with a stroke patient?
The rehab nurse is important for coordination and education in stroke rehabilitation. They reinforce PT, OT, and speech therapy on non-therapy days. They also educate family members and manage pain and other symptoms so that patients are able to participate in therapy safely. On days when OT, PT, and speech are not with the patient, rehab nurses communicate any changes to the interdisciplinary team.
- ii. What is the role of OT when working with a stroke patient? OT helps stroke patients regain the ability to perform ADLs and figures out what kind of adaptive equipment someone might need to perform daily activities safely, using modified techniques to make daily tasks easier. Some ADLs include going to the bathroom, eating, bathing, and getting dressed. They focus on helping the patient learn new ways to complete everyday tasks, without losing their independence and quality of life, despite physical or cognitive limitations from the stroke.
- iii. Why is a speech language pathologist (SLP) important when a patient is recovering from a stroke? Many patients have difficulty communicating and swallowing after a stroke. SLPs help patients regain speech, allowing them to communicate fluidly and assess chewing and swallowing to prevent aspiration.