

1. Disease Process & Brief Pathophysiology

A stroke, cerebrovascular accident (CAV), or brain attack is the sudden disruption of O₂ supply to the brain. This can be due to rupture in one or more of the blood vessels that supply the brain or loss of cerebral perfusion, often resulting from hypo perfusion or reduction of O₂ supply.

2. Factors for the Development of the Disease/Acute Illness

Hypertension (P), atherosclerosis, high serum cholesterol or triglycerides, high homocysteine levels, diabetes mellitus, gout, smoking, obesity, cardiac valve disease, such as those that may result from rheumatic fever, valve, valve prosthesis, and atrial fibrillation; cardiac surgery, blood dyscrasias, anticoagulant therapy (P), neck vessel trauma, oral contraceptive use, cocaine or methamphetamine use (P), family predisposition for arteriovenous malformation, aneurysm, advanced age, or previous stroke (P).

3. Signs and Symptoms

Symptoms appear on the side of the body opposite the damaged site and vary with the size and site of the injury. Changes in mentation, including apathy, irritability, disorientation, memory loss, withdraw, drowsiness, stupor, or coma; bowel and bladder incontinence; numbness or loss of sensation; weakness or paralysis on part or one side of the body; aphasia; headache; neck stiffness and rigidity; vomiting; seizures; dizziness or syncope; ataxia; fever; temporary episodes of slurred speech; weakness; numbness or tingling; blindness in one eye (P); blurred or double vision (P); dizziness (P) or ataxia; and confusion.

4. Diagnostic Tests Pertinent or confirming of diagnosis

CT, MRI, Lab test (serum electrolytes (P), complete blood count (P), platelet count (P), prothrombin time with international normalized ratio, partial thromboplastin time), lipid panel (P), C-reactive protein, homocysteine levels; Electrocardiogram (P), Phonoangiography/Doppler ultrasonography (P), Trans cranial Doppler ultrasound, Swallowing examination/ video fluoroscopy, Position emission tomography, Single position emission CT, Electroencephalograph, Lumbar puncture and cerebrospinal fluid analysis, Cerebral and carotid angiography, Digital subtraction angiography, Echocardiography (P), Evoked response test, Electronystagmography.

5. Lab values that may be affected

CBC (P), platelet count (P), serum electrolytes, blood culture, lipid panel, C-reactive protein, homocysteine levels, blood glucose levels,

6. Current Treatment

Endovascular procedures, clot removal, carotid endarterectomy, angioplasty and stents, blood thinners (P), statin medication to lower cholesterol (P), beta blockers (P), physical therapy (P), occupational therapy,

7. Focused Nursing Diagnosis:

11. Nursing Interventions related to Nursing

12. Patient Teaching:

Potential for injury

Diagnosis in #7:

1. Arrange the environment by keeping necessary objects, such as the call light, on the patient's unaffected side

Evidence Based Practice:

This will facilitate performance of activities of daily living

2. Encourage making a conscious effort to scan the rest of the environment by turning head from side to side

Evidence Based Practice:

Patients may have visual deficits in which they can physically see only a portion of the normal visual field. Encouraging patient to turn their head past the midline and scan the entire environment, especially while ambulating, will help to prevent injury from falls or bumping into things

3. Provide a structured, consistent environment to prevent visual - spatial misconception

Evidence Based Practice:

The patient may have trouble judging distance, size, position, rate of movement, form, and how parts relate to the whole.

1. Teach the importance of minimizing or treating the following risk factors: hypertension, high cholesterol, high sodium intake, inactivity, prolonged bedrest, and stressful lifestyle. Minimizing these risk factors helps to prevent another stroke.

2. If you are experiencing signs and symptoms of a stroke, call 9-1-1 right away, do not drive to the hospital or let someone else drive you.

3. Teach the patient that 1 of 4 stroke survivors has another stroke within 5 years, it is important to work with your health care team to find out the reasons for your stroke and take steps to prevent another stroke.

13. Discharge Planning/Community Resources:

1. Teach the family the "FAST" acronym whereby "F" = face (have patient smile, look for weakness/numbness), "A" = arms (check for arm drift/strength/numbness), "S" = speech (have the patient say a simple sentence and watch for slurred or difficulty speaking/understanding), "T" = time (call 911 if any of these is present because "time is tissue").

2. Teach family about symptoms that necessitate prompt attention, such as sudden weakness, numbness (especially on one side of the body), vision loss or dimming, trouble talking or understanding speech, unexplained dizziness, or severe headache.

3. The patient may need a referral to an Ophthalmologist and or rehabilitation. Before the patient is discharged, social workers can help find care services and support to continue the patients

8. Related to (r/t):

Ischemic damage affecting sensory reception

9. As evidenced by (aeb):

Partial blindness in one eye

10. Desired Patient Outcome:

After interventions and on an ongoing basis, the patient scans the environment and interacts and responds to stimuli appropriately by Wednesday January 20th at 1200

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long-term recovery.