

On September 12th, 2025, at approximately 0200, a patient was admitted to the neurosurgical intensive care unit (ICU) with a cerebrovascular accident (CVA). The patient had a documented history of a previous stroke around three years ago, from which she regained most function on her right side. During the report, it was communicated that the patient had been prescribed Eliquis as part of her home medical management. The most recent stroke had resulted in complete occlusion of the left side of her brain.

At the beginning, I felt anxious because I was unsure of what to expect when caring for this patient. When entering her room, I noted that she was not intubated, but she was also not waking up. Her neurological responses included withdrawing in all four extremities, and her pupils were sluggish. I felt worried about her condition and uncertainty about her progression. While I was in the room, her son was also present at the bedside. He shared how she had recently been able to walk short distances, start moving her fingers again, and speak more clearly, and was visibly upset at her current condition now.

I was able to care for this patient over the next two days and continued to observe her condition. Although she showed small signs of improvement, such as wiggling her fingers and opening her eyes, the absence of pupil response indicated significant neurological compromise. The MRI confirmed that the left side of her brain had been completely without oxygen, which explained the slight chance of potential for recovery.

I witnessed how the physicians communicated the prognosis to the patient's son. They explained the MRI findings clearly, discussed the high probability of another stroke, and outlined the possibility that she may never regain meaningful function. They also prepared him for the potential need for a tracheostomy and ventilator support if she did not wake within the next few days. This experience was eye opening to the emotional challenges families can face. From accepting the severity of their loved ones condition, to the end result that they may not want to hear.

I recognized the importance of neurological assessments over time and how subtle changes, like finger movement or eye opening, can hold significance, even if overall prognosis remains poor. I also learned how important it is to balance clinical judgement and empathy both for the patient and for their family members. Looking back on this situation, I recognize that while I initially felt anxious and unsure of what to expect, the experience provided me with important learning opportunities. I became more confident in observing and documenting neurological changes, even subtle ones such as finger movement or eye opening. I also learned the importance of ongoing, clear communication with both the healthcare team and the patient's family.

