N321 Care Plan #2

Lakeview College of Nursing

Lauren McClain

Demographics (3 points)

Date of Admission 3/17/20	**Client Initials** O.B.	**Age** 60 years old	**Gender** Male
Race/Ethnicity Caucasian	**Occupation** Truck Driver	**Marital Status** Divorced	**Allergies** Sulfa Drugs (Reaction not listed)
Code Status Full Code	**Height** 5’ 10”	**Weight** 220lbs	

Medical History (5 Points)

Past Medical History: Hypertension, hypercholesterolemia, Diabetes Mellitus Type II (uncontrolled), obesity

Past Surgical History: Colonoscopy, 2018

Family History: Mother: diabetes; Father: MI status post CABG; Brother: obesity; Sister: Breast cancer status post mastectomy

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): 1 pack per day for 40 years; Denies alcohol consumption; No use of drugs was stated

Assistive Devices: N/A none listed

Living Situation: Lives at home alone when not on road with current career as a truck driver.

Education Level: GED, no other education noted

Admission Assessment

Chief Complaint (2 points): Acute right sided weakness and facial droop

History of Present Illness – OLD CARTS (10 points): A 60-year-old male was taken to the hospital after a sudden onset of right-sided weakness and facial droop. After arriving to the emergency department, he was immediately taken to CT which showed no bleeding. After the CT scan, the patient was given 0.9 mg TPA bolus and a drip of 81 mg/hr. After receiving the bolus, there was an improvement of the right sided weakness and facial droop. A swallow test

was done once admitted to the neurological unit, showing no issues and must maintain a consistent-carbohydrate diet.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Ischemic Stroke

Secondary Diagnosis (if applicable): N/A

Pathophysiology of the Disease, APA format (20 points): An ischemic stroke is a cerebrovascular accident, a sudden loss of function from a lack of blood supply to a specific part of the brain (Overbaugh, 2021). Typically, the internal carotid and middle cerebral arteries are affected. It is caused by a thrombus or embolus that lodges in the cerebral arteries causing a blockage of blood flow to the brain tissues; this leads to cerebral death (Capriotti, 2020). Signs and symptoms will depend on the location of the obstruction. Most patients will present with numbness or weakness of the face, arm, or leg on one side of the body, confusion or mental change, trouble speaking, visual disturbances, loss of balance, and sudden severe headache (Overbaugh, 2021). This patient presented to the ED with right-sided weakness and facial droop; he later complained of generalized head pain, rating it a 4 out of 10. Ischemic stroke may alter the blood pressure, temperature, blood glucose, and oxygen saturation; this patient had an increased BP of 163/76 and blood glucose of 147. After the second vitals, his BP dropped to 124/63. A diagnostic test that will be done is a blood test looking to see how fast the blood clots and if the patients' blood sugar is too high or low. A CT without contrast should be done within 20 minutes of arrival at the ED (Overbaugh, 2021). An echocardiogram can be done to find the source of the clot, seeing if it traveled from the heart to the brain (Overbaugh, 2021). This patient received a chest x-ray, CT without contrast, an EKG, a swallow test, and blood glucose

monitoring. All testing came back normal, his swallow test was standard with no signs of dysphagia, and PT (11.3), PTT (33.6), and INR (1.03) were within normal limits. Risk factors for an ischemic stroke are hypertension, diabetes, dyslipidemia, obesity, sedentary lifestyle, sleep apnea, and smoking. This patient has type 2 diabetes, hypertension, is obese (BMI 31.6), has smoked a pack a day for 40 years, and most likely lives a sedentary lifestyle. Treatment would require an emergency IV, emergency endovascular procedures which treat the inside of the blocked blood vessel, receiving medications directly to the brain, and removing the clot with a stent retriever (Capriotti, 2020). Preventive measures would be maintaining a healthy diet, smoking cessation, medication compliance, and a healthy lifestyle. Patients should try to stop smoking as nicotine raises blood pressure, which high blood pressure is the number one cause of strokes. The patient should be educated on medication compliance to maintain hypertension, diabetes, hypercholesteremia. He should also consider exercising for 30 minutes a day and avoiding foods high in sodium, trans and saturated fats, and high cholesterol.

Pathophysiology References (2) (APA):

Capriotti, T. M. (2020). *Davis Advantage for Pathophysiology Introductory Concepts and Clinical Perspectives* (2nd Edition). F. A. Davis Company.

Overbaugh, J. L., Hinkle, K. H., & Cheever, K. (2021). *Lippincott CoursePoint Enhanced for Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (15th Edition). Wolters Kluwer Health.

Laboratory Data (15 points)

CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	**3.90-4.98**	N/A	N/A	
Hgb	**12.0-15.5**	15.3	N/A	

Hct	**35-45**	47	N/A	Elevated hematocrit levels can be caused by lungs being scarred due to smoking (Capriotti, 2020).
Platelets	**140-400**	143	N/A	
WBC	**4.0-9.0**	6.3	N/A	
Neutrophils	**40-70**	N/A	N/A	
Lymphocytes	**10-20**	N/A	N/A	
Monocytes	**4.4-12.0**	N/A	N/A	
Eosinophils	**0-6.3**	N/A	N/A	
Bands	**0-5.1**	N/A	N/A	

Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	**135-145**	139	N/A	
K+	**135-145**	3.6	N/A	
Cl-	**98-107**	106	N/A	
CO2	**22-29**	N/A	N/A	
Glucose	**70-99**	147	N/A	This patient has diabetes which causes an of glucose if medication is missed. Having a recent stroke can also cause an increase of glucose (Capriotti, 2020).
BUN	**6-20**	15	N/A	
Creatinine	**0.5-1.00**	0.9	N/A	
Albumin	**3.5-5.2**	N/A	N/A	
Calcium	**8.4-10**	N/A	N/A	
Mag	**1.6-2.5**	N/A	N/A	

Phosphate	**35-105**	N/A	N/A	
Bilirubin	**0.3-1.0**	N/A	N/A	
Alk Phos	**30-120**	N/A	N/A	
AST	**10-30**	N/A	N/A	
ALT	**10-40**	N/A	N/A	
Amylase	**30-110**	N/A	N/A	
Lipase	**0-160**	N/A	N/A	
Lactic Acid	**0.5-1**	N/A	N/A	

Other Tests Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	**0.8-1.1**	1.03	N/A	
PT	**11-13.5**	11.3	N/A	
PTT	**30-40 sec**	33.6	N/A	
D-Dimer	**<250**	N/A	N/A	
BNP	**<100**	N/A	N/A	
HDL	**>60**	N/A	N/A	
LDL	**<130**	N/A	N/A	
Cholesterol	**<200**	N/A	N/A	
Triglycerides	**<150**	N/A	N/A	
Hgb A1c	**<5.7%**	9.4	N/A	An A1C is done to look at the patients' glucose levels for the last 3 months. His A1C shows that he

				hasn't been regularly taking his medication (Capriotti, 2020).
TSH	**0.5-5.0**	N/A	N/A	

Urinalysis Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	**Pale yellow-deep amber**	N/A	N/A	
pH	**5-8**	N/A	N/A	
Specific Gravity	**1.005-1.034**	N/A	N/A	
Glucose	**Negative**	N/A	N/A	
Protein	**Negative**	N/A	N/A	
Ketones	**Negative**	N/A	N/A	
WBC	**Negative**	N/A	N/A	
RBC	**Negative**	N/A	N/A	
Leukoesterase	**Negative**	N/A	N/A	

Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	**Negative**	N/A	N/A	
Blood Culture	**Negative**	N/A	N/A	
Sputum Culture	**Negative**	N/A	N/A	
Stool Culture	**Negative**	N/A	N/A	

Lab Correlations Reference (1) (APA):

Lakeview College of Nursing, "Tab: Diagnostics: Lab"

Capriotti, T., Frizzell, J.P, *Pathophysiology: Introductory Concepts and Clinical Perspectives* (2nd ed.). F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest X-ray: negative for any acute abnormalities. Cardiac silhouette is within normal limits; CT head w/o contrast: No acute intracranial hemorrhage, mass, mass effect, or mid-line shift is seen. The ventricles are symmetrical. There is no convincing evidence of an acute territorial infarction; EKG: ST without ectopy; Swallow test; Blood glucose monitoring

Diagnostic Test Correlation (5 points): A chest X-ray was most likely done due to the patient smoking a pack a day and hypercholesteremia. A head CT was done to reveal site of infarction and it was done without contrast due to receiving it upon arrival without obtaining and CBC first. An EKG was done to evaluate for atrial fibrillation and myocardial ischemia. A swallow test was done to screen for dysphagia, especially since the patient was experiencing facial droop. Lastly, blood glucose monitoring was done since the patient has not been compliant with taking his diabetes medications.

Diagnostic Test Reference (1) (APA):

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource medical-surgical, pediatric, maternity, and psychiatric-mental health* (5th ed.).

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	**Lisinopril (Prinivil)**	**Atorvastatin (Lipitor)**	**Metformin (Glucophage)**	**N/A**	**N/A**
Dose	10 mg	20 mg	250 mg	**N/A**	**N/A**

Frequency	BID	Daily	BID	**N/A**	**N/A**
Route	PO	PO	PO	**N/A**	**N/A**
Classification	ACE inhibitor; Antihyper-tensive	HMG-CoA reductase inhibitor; antihyper-lipidemic	Biguanide; Antidiabetic	**N/A**	**N/A**
Mechanism of Action	May reduce blood pressure by inhibiting conversion of angiotensin I to angiotensin II. It may inhibit renal and vascular production of angiotensin II.	Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver.	Promote storage of excess glucose in the liver which reduces glucose production	**N/A**	**N/A**
Reason Client Taking	Hypertension	Hypercholester-olemia	Diabetes	**N/A**	**N/A**
Contraindications (2)	Concurrent aliskiren use in patients with diabetes; hypersensitivity to lisinopril	Active hepatic disease; hypersensitivity to atorvastatin	Acute or chronic metabolic acidosis; hypersen-sitivity to metformin	**N/A**	**N/A**
Side Effects/Adverse Reactions (2)	Hypotension; hepatic necrosis	Hepatic failure; arrhythmias	Headache; aplastic anemia	**N/A**	**N/A**
Nursing Considerations (2)	Use cautiously in patients with fluid volume deficit, heart failure, impaired renal function, or sodium depletion; Monitor blood	Monitor diabetic patient's blood glucose levels because atorvastatin therapy can affect blood glucose control; teach patient to	Monitor patient closely for signs and symptoms of lactic acidosis; Withhold 48 hours before CT.	**N/A**	**N/A**

	pressure often	take at the same time everyday			

Hospital Medications (5 required)

Brand/Generic	**Clopidogrel (Plavix)**	**Ondanse-Tron (Zofran)**	**Acetamino-phen (Tylenol)**	**Morphine Sulfate (Arymo ER)**	**Docusate (Colace)**
Dose	75 mg	4 mg	650 mg	0.5 mg	100 mg
Frequency	Daily	Q6h PRN	Q6h PRN	Q2h PRN	BID PRN
Route	PO	PO	PO	IV	PO
Classification	Platelet aggregation inhibitor	Selective serotonin receptor antagonist; antiemetic	Nonnarcotic Analgesic Antipyretic	Opioid analgesic; Controlled substance schedule II	Surfactant; Laxative, stool softener
Mechanism of Action	Binds to adenosine diphosphate receptors on the surface of activated platelets	Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine.	Reduces the production of prostaglandin causing analgesia and antipyretics properties	Binds with and activates opioid receptors in brain and spinal cord to produce analgesia and euphoria.	Acts as a surfactant that softens stool by decreasing surface tension between oil and water in feces.
Reason Client Taking	Reduces stroke	Nausea	Pain/Fever	Severe pain	Constipation

Contraindications (2)	Active pathological bleeding; hypersensi-tivity to clopidogrel	Concomitant use of apomorphine; hypersensitivity to Ondansetron	Liver impairment, Renal Impairment	Acute or severe bronchial asthma; significant respiratory depression	Fecal impaction; hypersensitivity to docusate
Side Effects/Adverse Reactions (2)	Confusion; acute liver failure	Arrhythmias; diarrhea	Hepatotoxicity, Renal impairment	Cardiac arrest; seizures	Dizziness; palpitations
Nursing Considerations (2)	Be aware that it prolongs bleeding time so stop 5 days before surgery; use cautiously in patients with hepatic or renal disease.	Monitor closely for signs and symptoms of hypersensitivity; If hypokalemia is present it should be corrected before administration.	Take with food to prevent GI upset, Do not exceed 4,000 mg a day	Assess patients' respirations before giving; store at room temperature.	Take with a full glass of milk or water; Encourage patient to increase fiber intake.

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *2020 Nurse's Drug Handbook.* Burlington, MA

Assessment

Physical Exam (18 points) – HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 Alert and responsive A/O x4 No visible signs of distress Overall appearance was appropriate
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:**	 Skin is pink, warm and dry Supple Warm Elastic turgor

Rashes: **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	No rashes No bruises No wounds 22 N/A
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Unremarkable Normocephalic, no deviation of trachea No drainage, grey-pink tympanic membrane No drainage, symmetrical, pink conjunctiva No septum deviation, polyps, turbinate Teeth intact, no visible dental caries
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	 S1/S2 heart sounds heard No murmur or gallops heard Steady rate and rhythm Radial pulse 2+ Capillary refill 3 sec N/A
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	No use of accessory muscles, unlabored, regular pattern and respirations Clear and equal bilaterally
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	 Normal diet at home Low carb diet 5’6” 140lbs Active in all four quadrants N/A Soft and nontender No distention observed No incisions observed No scars observed No drain observed No wounds observed N/A N/A

GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	 Light yellow Clear 800 mL voided Appropriate for age N/A
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☒** **Needs assistance with equipment ☐** **Needs support to stand and walk ☐**	 Nail bed pink, capillary refill: 3 sec on all four extremities Active ROM on all four extremities No use of supportive devices Strength 5 – active motion against full Resistance 35 Encouraged to ambulate with assistance until right sided weakness is gone
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	 Able to move all extremities Right sided weakness A/O x4 denies numbness or tingling. No facial droop Sensory is appropriate Alert and awake; normal speech
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	 Pt. is mature and is aware of their state of health. Pt's lives at home alone when not on the road.

Vital Signs, 2 sets (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

0700	76 bpm	163/76mmHg	16 bpm	37.0 C	98% room air
1100	69 bpm	124/63mmHg	18 bpm	36.9 C	97% room air

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	Numeric	Generalized head pain	4/10	N/A- not stated	Tylenol
1100	Numeric	Generalized head pain	1/10	N/A- not stated	No intervention

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18G **Location of IV:** left and right antecubital **Date on IV:** Both inserted 3/17/20 **Patency of IV:** Both are patent **Signs of erythema, drainage, etc.:** neither have signs of erythema or phlebitis **IV dressing assessment:** Both are dry and intact	0.9mg TPA bolus, followed by a drip of 81 mg/hr

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Water: 600 mL **Sugar-free orange juice:** 120 mL **Total:** 720mL	**Urine:** 800 mL in 4 hrs **Total:** 800 mL

Nursing Care

Summary of Care (2 points)

Overview of care: The patient is stable and A&O x4. The patient had minimal complaints of generalized head pain. When the patient expressed pain, he reported pain a 4/10 on a numeric scale and was given Tylenol to help with the pain. The patient must maintain a low carbohydrate diet. The patient also will need a follow-up with his primary care doctor to monitor A1C in 6 weeks and a neurologist appointment one week after discharge.

Procedures/testing done: CT without contrast, chest x-ray, EKG, and blood glucose monitoring were done.

Complaints/Issues: Patient complained of generalized head pain, rating it a 4 out of 10.

Vital signs (stable/unstable): The vitals were within normal range, expect for the 0700 BP being 163/76, which is due to his hypertension and possibly due to not taking Lisinopril until after restarting home medications once being admitted. After the second set of vitals were taken, the BP was within normal limits.

Tolerating diet, activity, etc.: Patient is able to movie extremities, but does have some right sided weakness.

Physician notifications: The provider should be notified for a blood glucose greater than 200.

Future plans for client: The patient should maintain a low carb diet and should also see a PT/OT to continue to strengthen his right sided weakness.

Discharge Planning (2 points)

Discharge location: After being discharged, the patient will go back home.

Home health needs (if applicable): There is no need for home health, as the patient is able to take care of himself.

Equipment needs (if applicable): The patient will not need any additional equipment.

Follow up plan: The patient should plan to see a neurologist one week after his discharge date. He should also see his PCP in 6 weeks for an A1C check. A PT/OT will be referred to help strengthen his right side.

Education needs: The patient should be education on his new medication orders, properly taking, daily and at the same time. He should also be educated on what consist of a low carb diet and the benefits of maintaining one. Lastly, he should receive education on the importance of monitoring and maintaining his glucose levels.

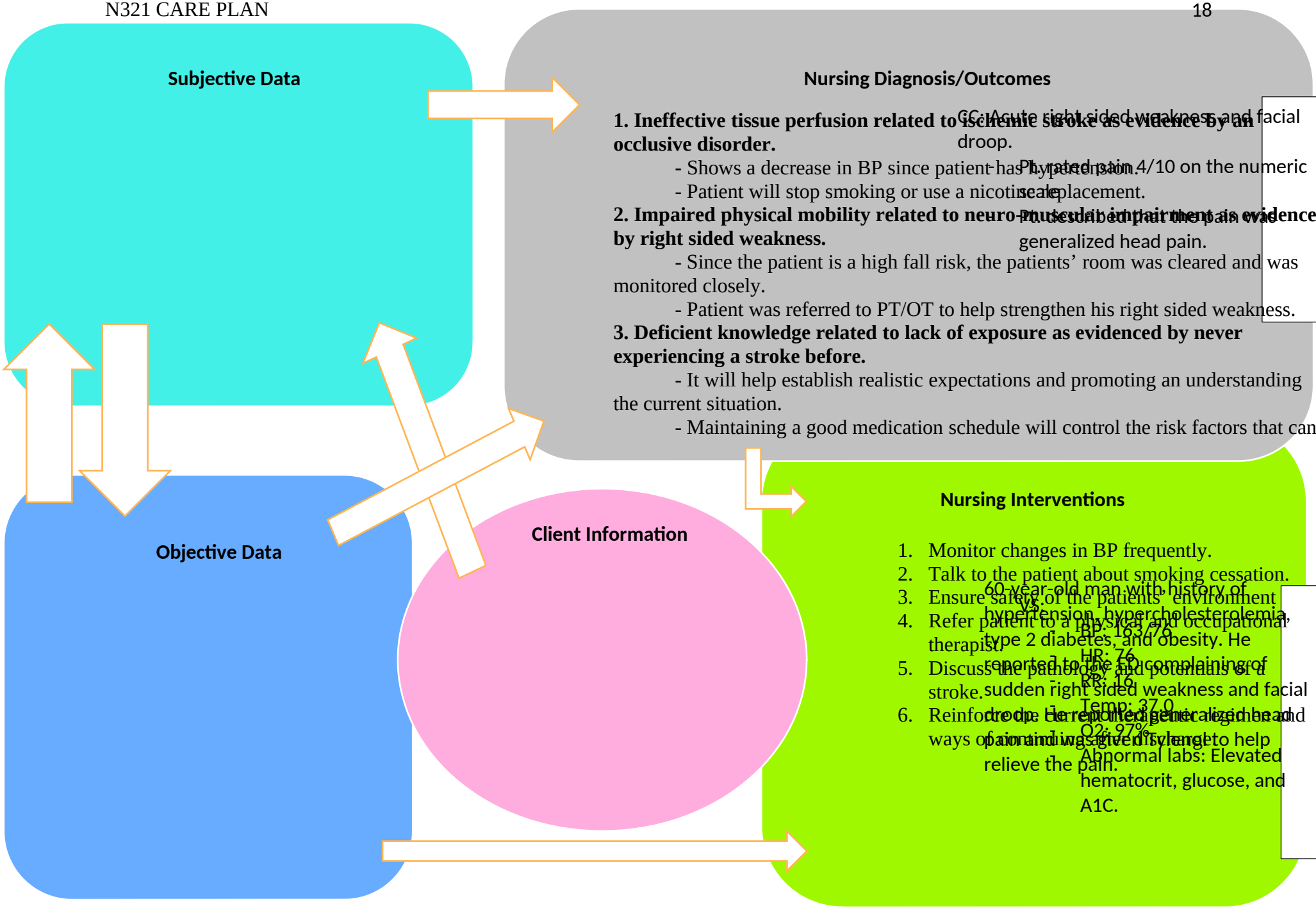
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Ineffective tissue perfusion related to ischemic stroke as evidence by an occlusive disorder.	Patient has a history of obesity, high cholesterol, diabetes and smokes, which are all risk factors for a stroke.	**1.** Monitor changes in BP frequently. **2.** Talk to the patient about smoking cessation.	**1.** Shows a decrease in BP since patient has hypertension. **2.** Patient will stop smoking or use a nicotine replacement.	**1.** After retaking BP, it decreased from 163/74 down to 124/63 and patient will take HTN medication. **2.** Patient has been smoking for 40 years the patient will have a hard time quitting but is willing to try a nicotine patch.

2. Impaired physical mobility related to neuro-muscular impairment as evidence by right sided weakness.	Patient presented to the ED experiencing right sided weakness.	**1.** Ensure safety of the patients' environment. **2.** Refer patient to a physical and occupational therapist	**1.** Maintains the patients' safety and reduces the risk of falls. **2.** Provides a specialized care for the patient to gain physical support.	**1.** Since the patient is a high fall risk, the patients' room was cleared and was monitored closely. **2.** Patient was referred to PT/OT to help strengthen his right sided weakness.
3. Deficient knowledge related to lack of exposure as evidenced by never experiencing a stroke before.	Patient most likely was not taking his medication regularly due to his A1C being 9.4.	**1.** Discuss the pathology and potentials of a stroke. **2.** Reinforce the current therapeutic regimen and ways of continuing after discharge.	**1.** It will help establish realistic expectations and promoting an understanding the current situation. **2.** Maintaining a good medication schedule will control the risk factors that can cause a stroke.	**1.** Patient was willing to learn about what causes a stroke. **2.** The patient is willing to adhere to his medications and going to his checkups to help control his diabetes, HTN, and high cholesterol.

Other References (APA):

Concept Map (20 Points):


Subjective Data
Nursing Diagnosis/Outcomes
1. Ineffective tissue perfusion related to ischemic stroke as evidence by an occlusive disorder.
- Shows a decrease in BP since patient has hypertension.
- Patient will stop smoking or use a nicotine replacement.
2. Impaired physical mobility related to neuro-muscular impairment as evidence by right sided weakness.
- Since the patient is a high fall risk, the patients' room was cleared and was monitored closely.
- Patient was referred to PT/OT to help strengthen his right sided weakness.
3. Deficient knowledge related to lack of exposure as evidenced by never experiencing a stroke before.
- It will help establish realistic expectations and promoting an understanding the current situation.
- Maintaining a good medication schedule will control the risk factors that can
CC: Acute right sided weakness and facial droop.
Pt rated pain 4/10 on the numeric scale.
Pt described that the pain was generalized head pain.
Objective Data
Client Information
60-year-old man with history of HTN, hypercholesterolemia, type 2 diabetes, and obesity. He reported to the ED complaining of sudden right sided weakness and facial droop. He reported generalized head pain and was given Tylenol to help relieve the pain.
BP: 163/76
HR: 76
RR: 16
Temp: 37.0
O2: 97%
Abnormal labs: Elevated hematocrit, glucose, and A1C.
Nursing Interventions
1. Monitor changes in BP frequently.
2. Talk to the patient about smoking cessation.
3. Ensure safety of the patients' environment
4. Refer patient to a physical and occupational therapist.
5. Discuss the pathology and potentials of a stroke.
6. Reinforce current medication schedule and ways of administering it.