



Brain Attack with Thrombolytic Therapy

Simulated Clinical Experience (SCE™) Overview

Location: Medical-Surgical Unit

History/Information:

The patient is a 68-year-old male who was admitted the previous night with reported history of syncopal episodes. He had two syncopal episodes the day of his admission (unwitnessed by medical personnel but reported by patient's wife). Upon admission to the Emergency Department he was found to be in a normal sinus rhythm with HR 80 and asymptomatic. His 12-lead ECG was normal as well as his cardiac enzymes. He is also a known Type 2 diabetic controlled with an oral hypoglycemic agent. His blood sugar (BS) upon admission was 110 and his wife reports she checked his BS with each syncopal episode and it was greater than 100. He has hypertension controlled with ace inhibitor, hypercholesterolemia (diet controlled, recently started atorvastatin), and gastroesophageal reflux disease (GERD). He has no known allergies.

The patient has been married for 45 years and his wife was present upon admission. She went home for the night and planned to return in the A.M. to take him home. She is anxious about his symptoms and admission. They have three sons who all live out of state, although they call regularly and frequently come home to visit. The patient is a devout Catholic. He plays golf for exercise and likes to have two martinis every evening to relax. He was admitted for observation. He was placed on telemetry and had an IV saline lock inserted into his right hand. During his admission he did have two episodes of controlled atrial fibrillation with no symptoms or syncope. These were self-limiting, lasting only two to three minutes each. The night was otherwise uneventful. You are the day shift nurse and just listened to the night shift taped report. You go into the patient's room to meet him and perform your assessment.

Healthcare Provider's Orders:

Admit to Medical Unit for 24-hour observation

Telemetry

Up ad lib

Vitals every four hours

1800 calorie American Diabetic Association (ADA), low cholesterol diet

IV saline lock, flush every shift

Medications as at home:

Metformin 500mg PO twice per day

Pantoprazole 40mg PO every A.M.

Atorvastatin 10mg PO every day

Enalapril 20mg PO twice a day

Start enteric coated aspirin 325mg PO every day

Atenolol 25mg PO every day

Labs: CBC, Electrolytes, BUN, Creatinine, Glucose, Troponin, Hemoglobin A1C, AST/SGOT, LDH, Cholesterol,

Triglycerides, LDL, HDL, PT, PTT

CPK with isoenzymes every 8 hours x3

12-lead ECG for chest pain and notify healthcare provider

Chest x-ray posterior and anterior/lateral

Plan for discharge in A.M. and follow-up with primary healthcare provider in 2 weeks

Learning Objectives

1. Defines brain attack pathology (KNOWLEDGE).
2. Analyzes the event history and assessment findings in a patient with brain attack symptoms (ANALYSIS).
3. Performs a focused neurological assessment on a patient with brain attack symptoms (APPLICATION).
4. Anticipates diagnostic orders and therapies, including medications, for the patient with an acute brain attack (COMPREHENSION).
5. Prioritizes the implementation and approach to caring for a patient with an acute brain attack (ANALYSIS).
6. Safely administers thrombolytic therapy (APPLICATION).
7. Evaluates the patient's response to nursing interventions for the brain attack and acutely hypertensive patient (EVALUATION).

Questions to Prepare for the Simulated Clinical Experience

1. Differentiate between the following terms. What does each term mean and what are the differences between them? When are each used?
 - a. Brain attack
 - b. Cerebral vascular accident (CVA)
 - c. Stroke
2. Identify the various lobes of the brain and their function.
3. Discuss the risk factors for brain attack (stroke) and related measures for stroke prevention.
4. What cardiac rhythm predisposes the patient to stroke and why?
5. Discuss the following labs: chemistries, liver functions, cardiac enzymes, complete blood count, clotting labs (PT, PTT, INR), lipid profile (cholesterol, LDL, HDL and triglycerides) and their indications for the person having a brain attack.
6. Describe the pathophysiology of ischemic and hemorrhagic brain attack (stroke).
7. What are the various causes of ischemic and hemorrhagic brain attacks (strokes)?
8. Practice performing and documenting a neurological exam. This should include assessment of level of consciousness, cranial nerves, motor, sensory, coordination, gait and reflexes (babinski).
9. Review the National Institute of Health Stroke Scale (NIHSS) www.strokecenter.org/trials/scales/nihss.html and discuss when its use is indicated.
10. What role does blood pressure play in the stroke victim?
11. Describe dysphagia and the potential complications that can occur in the stroke patient.
12. What symptoms will a stroke patient exhibit who has "neglect"?
13. Discuss the administration of thrombolytic therapy with the drug alteplase recombinant. Address the following questions:
 - a. What is this drug?
 - b. Who is a candidate for this and who is not?
 - c. What is the time frame for receiving this drug?
 - d. How is it given?
 - e. What is the nursing management of the patient receiving thrombolytics?
 - f. What potential side effects can occur with use of thrombolytics?
 - g. What can the RN delegate and to whom?

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