Signs and Symptoms of Stroke

Presented by:
Michael Sigelman MSN, RN
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Reason for this round table topic

• MRC meeting
• Requested
This nursing round table will provide information regarding recognizing and responding to signs and symptoms of stroke, and the process of critical thinking in this emergent situation. We will discuss the expectations of the DDA nurse, including: recognition, response, delegation, and follow-up during the following hospitalization, and list possible prescribed medication(s) and treatment(s).
Objectives

By the end of this session, learners will be able to:

1. List three research-supported findings after examining the relationship between risk for stroke and family history, diet, and exercise.
2. Compare and contrast at least two signs/symptoms that might be considered a stroke versus another medical problem.
3. Design a potential plan of care when providing services post-hospitalization to someone who has experienced a stroke.
Let’s begin…
• CVA
• Cerebrovascular accident
• When the blood supply to areas of your brain is interrupted or reduced, thereby depriving brain tissue of oxygen and nutrients.

• Brain cell death begins in minutes.
Overview of Stroke

• It is a medical emergency. Prompt treatment is crucial. Acting quickly and efficiently can minimize brain damage and potential complications.
• Treatment and prevention are available.

• Death due to stroke has decreased.
Signs and Symptoms of Stroke

• Watch for signs and symptoms.
• Pay attention to the exact time when you observe the signs and symptoms. The length of time they have been present can affect your treatment options:
  – Trouble with speaking and understanding.
  – Paralysis or numbness of the face, arm or leg.
  – Trouble with seeing in one or both eyes.
  – Headache.
  – Trouble with walking.
Signs and Symptoms of Stroke

• Watch for signs and symptoms.
• Pay attention to the exact time when you observe the signs and symptoms. The length of time they have been present can affect your treatment options:
  – Trouble with speaking and understanding. You may experience confusion. You may slur your words or have difficulty understanding speech.
  – Paralysis or numbness of the face, arm or leg. You may develop sudden numbness, weakness or paralysis in your face, arm or leg. This often happens just on one side of your body. Try to raise both your arms over your head at the same time. If one arm begins to fall, you may be having a stroke. Also, one side of your mouth may droop when you try to smile.
  – Trouble with seeing in one or both eyes. You may suddenly have blurred or blackened vision in one or both eyes, or you may see double.
  – Headache. A sudden, severe headache, which may be accompanied by vomiting, dizziness or altered consciousness, may indicate you're having a stroke.
  – Trouble with walking. You may stumble or experience sudden dizziness, loss of balance or loss of coordination.
When to see a doctor

• **Seek immediate medical attention** if you notice any signs or symptoms of a stroke, even if they seem to fluctuate or disappear.

• Think "FAST"
When to see a doctor

• **Face.** Ask the person to smile. Does one side of the face droop?
• **Arms.** Ask the person to raise both arms. Does one arm drift downward? Or is one arm unable to rise up?
• **Speech.** Ask the person to repeat a simple phrase. Is his or her speech slurred or strange?
• **Time.** If you observe any of these signs, call 911 immediately.
TIA and stroke: Warning signs and symptoms

Face drooping: Does one side of the face droop or is it numb? Ask the person to smile. Is the person’s smile uneven?

Arm weakness: Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?

Speech difficulty: Is speech slurred? Is the person unable to speak or hard to understand? Ask the person to repeat a simple sentence, like “The sky is blue.” Is the sentence repeated correctly?

Time: Time to call 911. If someone shows any of these symptoms, even if the symptoms go away, call 911 and get the person to the hospital immediately. Check the time so you’ll know when the first symptoms appeared.
When to see a doctor

- Call 911 or your local emergency number right away.
- Don't wait to see if symptoms stop.
- Every minute counts. The longer a stroke goes untreated, the greater the potential for brain damage and disability.
- If you're with someone you suspect is having a stroke, watch the person carefully while waiting for emergency assistance.
Causes

• A stroke may be caused by a blocked artery (ischemic stroke) or the leaking or bursting of a blood vessel (hemorrhagic stroke). Some people may experience only a temporary disruption of blood flow to the brain (transient ischemic attack, or TIA) that doesn't cause permanent damage.
Visuals

ISCHEMIC AND HEMORRHAGIC STROKE

ISCHEMIC STROKE

HEMORRHAGIC STROKE
Transient Ischemic Attacks
Artery is temporarily blocked

Visuals
Causes
• Ischemic strokes
  – About 80 percent of strokes are ischemic strokes. Ischemic strokes occur when the arteries to your brain become narrowed or blocked, causing severely reduced blood flow (ischemia).
Causes

• Ischemic strokes
  – **Thrombotic stroke.** A thrombotic stroke occurs when a blood clot (thrombus) forms in one of the arteries that supply blood to your brain. A clot may be caused by fatty deposits (plaque) that build up in arteries and cause reduced blood flow (atherosclerosis) or other artery conditions.
  – **Embolic stroke.** An embolic stroke occurs when a blood clot or other debris forms away from your brain — commonly in your heart — and is swept through your bloodstream to lodge in narrower brain arteries. This type of blood clot is called an embolus.
• Hemorrhagic stroke
  – Blood vessel in your brain leaks or ruptures.
  – Hemorrhages can be a result of many conditions affecting blood vessels, including:
    • Uncontrolled high blood pressure (hypertension)
    • Overtreatment with anticoagulants (blood thinners)
    • Weak spots in your blood vessel walls (aneurysms)
  – A less common cause of hemorrhage is the rupture of an abnormal tangle of thin-walled blood vessels (arteriovenous malformation). Types of hemorrhagic stroke include:
    • Intracerebral hemorrhage
      – a blood vessel in the brain bursts and spills into the surrounding brain tissue, damaging brain cells
      – Brain cells beyond the leak are deprived of blood and are also damaged.
      – High blood pressure, trauma, vascular malformations, use of blood-thinning medications and other conditions may cause an intracerebral hemorrhage.
    • Subarachnoid hemorrhage
      – an artery on or near the surface of your brain bursts and spills into the space between the surface of your brain and your skull
      – often signaled by a sudden, severe headache
      – is commonly caused by the bursting of a small sack-shaped or berry-shaped aneurysm. After the hemorrhage, the blood vessels in your brain may widen and narrow erratically (vasospasm), causing brain cell damage by further limiting blood flow.
• Transient ischemic attack (TIA)
  – aka ministroke
  – is a temporary period of symptoms similar to a stroke
  – a temporary decrease in blood supply to part of your brain causes TIAs, which may last as little as five minutes.

  – Like an ischemic stroke, a TIA occurs when a clot or debris blocks blood flow to part of your nervous system — but there is no permanent tissue damage and no lasting symptoms.
  – Seek emergency care even if your symptoms seem to clear up. Having a TIA puts you at greater risk of having a full-blown stroke, causing permanent damage later. If you've had a TIA, it means there's likely a partially blocked or narrowed artery leading to your brain or a clot source in the heart.
  – It's not possible to tell if you're having a stroke or a TIA based only on your symptoms. Even when symptoms last for under an hour, there is still a risk of permanent tissue damage
**Stroke and mini-stroke**

Transient ischemic attacks — TIs, or mini-strokes — result when a cerebral artery is temporarily blocked, decreasing blood flow to the brain. Many strokes result from a complete blockage of a cerebral artery, leading to death of brain cells and permanent loss of certain functions.

**TIA**
- Artery temporarily blocked
- Temporarily reduced function
- Site of blockage
- Area of brain cell death

**Stroke**
- Artery completely blocked
- Site of blockage
- Carotid artery
Research-supported findings

• The learner will be able to list three research-supported findings after examining the relationship between risk for stroke and family history, diet, and exercise.
• Many factors can increase your stroke risk. Some factors can also increase your chances of having a heart attack.

• Potentially treatable stroke risk factors include:
  – Lifestyle risk factors
  – Medical risk factors
  – Other factors
## Stroke Risk Scorecard

Each box that applies to you equals 1 point. Total your score at the bottom of each column and compare with the stroke risk levels on the back.

<table>
<thead>
<tr>
<th>RISK FACTOR</th>
<th>HIGH RISK</th>
<th>CAUTION</th>
<th>LOW RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure</td>
<td>&gt;140/90 or unknown</td>
<td>120-139/80-89</td>
<td>&lt;120/80</td>
</tr>
<tr>
<td>Atrial Fibrillation</td>
<td>Irregular heartbeat</td>
<td>I don’t know</td>
<td>Regular heartbeat</td>
</tr>
<tr>
<td>Smoking</td>
<td>Smoker</td>
<td>Trying to quit</td>
<td>Nonsmoker</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>&gt;240 or unknown</td>
<td>200-239</td>
<td>&lt;200</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Yes</td>
<td>Borderline</td>
<td>No</td>
</tr>
<tr>
<td>Exercise</td>
<td>Couch potato</td>
<td>Some exercise</td>
<td>Regular exercise</td>
</tr>
<tr>
<td>Diet</td>
<td>Overweight</td>
<td>Slightly overweight</td>
<td>Healthy weight</td>
</tr>
<tr>
<td>Stroke in Family</td>
<td>Yes</td>
<td>Not sure</td>
<td>No</td>
</tr>
<tr>
<td>TOTAL SCORE</td>
<td>High Risk</td>
<td>Caution</td>
<td>Low Risk</td>
</tr>
</tbody>
</table>

### Risk Scorecard Results

- **High Risk ≥8**: Ask about stroke prevention right away.
- **Caution 4-6**: A good start. Work on reducing risk.
- **Low Risk 6-8**: You’re doing very well at controlling stroke risk!
Risk factors

• Lifestyle risk factors
  – Being overweight or obese
  – Physical inactivity
  – Heavy or binge drinking
  – Use of illicit drugs such as cocaine and methamphetamines
• Medical risk factors
  – Blood pressure readings higher than 120/80 millimeters of mercury (mm Hg)
  – Cigarette smoking or exposure to secondhand smoke
  – High cholesterol
  – Diabetes
  – Obstructive sleep apnea
  – Cardiovascular disease, including heart failure, heart defects, heart infection or abnormal heart rhythm
  – Personal or family history of stroke, heart attack or transient ischemic attack.
• Other factors associated with a higher risk of stroke include:
  – Age — People age 55 or older have a higher risk of stroke
  – Race — African-Americans have a higher risk of stroke
  – Sex — Men have a higher risk of stroke
    • Women are usually older when they have strokes, and they're more likely to
die of strokes than are men.
  – Hormones — use of birth control pills or hormone therapies that
  include estrogen, as well as increased estrogen levels from pregnancy
  and childbirth have a higher risk of stroke.
A stroke can sometimes cause temporary or permanent disabilities, depending on how long the brain lacks blood flow and which part was affected.

- Paralysis/loss of (or decreased) muscle movement
- Speech and/or swallowing difficulties
- Memory loss or thinking difficulties
- Emotional concerns
- Pain
- Changes in behavior and self-care ability
Complications

• Paralysis or loss of muscle movement. You may become paralyzed on one side of your body, or lose control of certain muscles, such as those on one side of your face or one arm. Physical therapy may help you return to activities affected by paralysis, such as walking, eating and dressing.

• Difficulty talking or swallowing. A stroke might affect control of the muscles in your mouth and throat, making it difficult for you to talk clearly (dysarthria), swallow (dysphagia) or eat. You also may have difficulty with language (aphasia), including speaking or understanding speech, reading, or writing. Therapy with a speech-language pathologist might help.

• Memory loss or thinking difficulties. Many people who have had strokes experience some memory loss. Others may have difficulty thinking, making judgments, reasoning and understanding concepts.

• Emotional problems. People who have had strokes may have more difficulty controlling their emotions, or they may develop depression.

• Pain. Pain, numbness or other strange sensations may occur in the parts of the body affected by stroke. For example, if a stroke causes you to lose feeling in your left arm, you may develop an uncomfortable tingling sensation in that arm.

• People also may be sensitive to temperature changes, especially extreme cold, after a stroke. This complication is known as central stroke pain or central pain syndrome. This condition generally develops several weeks after a stroke, and it may improve over time. But because the pain is caused by a problem in your brain, rather than a physical injury, there are few treatments.

• Changes in behavior and self-care ability. People who have had strokes may become more withdrawn and less social or more impulsive. They may need help with grooming and daily chores.

• As with any brain injury, the success of treating these complications varies from person to person.
• As with any brain injury, the success of treating these complications varies from person to person.
Prevention

- Controlling high blood pressure (hypertension)
- Lowering the amount of cholesterol and saturated fat in your diet
- Quitting tobacco use
- Controlling diabetes
- Maintaining a healthy weight
- Eating a diet rich in fruits and vegetables
- Exercising regularly
- Drinking alcohol in moderation, if at all
- Treating obstructive sleep apnea (OSA)
- Avoiding illegal drugs
Prevention

• Controlling high blood pressure (hypertension).
  – This is one of the most important things you can do to reduce your stroke risk. If you've had a stroke, lowering your blood pressure can help prevent a subsequent TIA or stroke.
  – Exercising, managing stress, maintaining a healthy weight and limiting the amount of sodium and alcohol you eat and drink can all help to keep high blood pressure in check.
  – In addition to recommending lifestyle changes, your doctor may prescribe medications to treat high blood pressure.

• Lowering the amount of cholesterol and saturated fat in your diet.
  – Eating less cholesterol and fat, especially saturated fat and trans fats, may reduce the plaque in your arteries.
  – If you can't control your cholesterol through dietary changes alone, your doctor may prescribe a cholesterol-lowering medication.

• Quitting tobacco use.
  – Smoking raises the risk of stroke for smokers and nonsmokers exposed to secondhand smoke. Quitting tobacco use reduces your risk of stroke.
Prevention

• Controlling diabetes.
  – You can manage diabetes with diet, exercise, weight control and medication.

• Maintaining a healthy weight.
  – Being overweight contributes to other stroke risk factors, such as high blood pressure, cardiovascular disease and diabetes. Losing as little as 10 pounds may lower your blood pressure and improve your cholesterol levels.

• Eating a diet rich in fruits and vegetables.
  – A diet containing five or more daily servings of fruits or vegetables may reduce your risk of stroke. Following the Mediterranean diet, which emphasizes olive oil, fruit, nuts, vegetables and whole grains, may be helpful.

• Exercising regularly.
  – Aerobic or "cardio" exercise reduces your risk of stroke in many ways. Exercise can lower your blood pressure, increase your level of high-density lipoprotein cholesterol, and improve the overall health of your blood vessels and heart. It also helps you lose weight, control diabetes and reduce stress. Gradually work up to 30 minutes of activity — such as walking, jogging, swimming or bicycling — on most, if not all, days of the week.

• Drinking alcohol in moderation, if at all.
  – Alcohol can be both a risk factor and a protective measure for stroke. Heavy alcohol consumption increases your risk of high blood pressure, ischemic strokes and hemorrhagic strokes. However, drinking small to moderate amounts of alcohol, such as one drink a day, may help prevent ischemic stroke and decrease your blood's clotting tendency. Alcohol may also interact with other drugs you're taking. Talk to your doctor about what's appropriate for you. and narrow the arteries.
• Treating obstructive sleep apnea (OSA).
  – Your doctor may recommend an overnight oxygen assessment to screen for OSA — a sleep disorder in which the oxygen level intermittently drops during the night.
  – Treatment for OSA includes oxygen at night or wearing a small device in your mouth to help you breathe.
• Avoiding illegal drugs.
  – cocaine and methamphetamines are established risk factors for TIA and/or stroke
  – Cocaine reduces blood flow and can narrow the arteries.
Preventative medications

- Anti-platelet drugs
- Anticoagulants
Preventative medications

• Anti-platelet drugs make the platelets less sticky and less likely to clot.
  – Aspirin is the most commonly used anti-platelet medication
  – Aggrenox, a combination of low-dose aspirin and the anti-platelet drug dipyridamole to reduce the risk of blood clotting.
  – Clopidogrel (Plavix) – if aspirin isn’t effective, or it is contraindicated

• Anticoagulants reduce blood clotting.
  – Heparin - fast acting; used over a short period of time in the hospital.
  – Warfarin (Coumadin, Jantoven), - Slower acting; may be used over a longer period of time.
8-Item Questionnaire for Verifying Stroke Free Status with Pictograms.

1. Have you ever been told by a doctor that you had a stroke?
   - Yes ☐
   - No ☐
   - Don’t know ☐

2. Have you ever been told by a doctor that you had a mild stroke or almost had a stroke (TIA)?
   - Yes ☐
   - No ☐
   - Don’t know ☐

3. Have you ever had sudden painless weakness on one side of your body?
   - Yes ☐
   - No ☐
   - Don’t know ☐

4. Have you ever had sudden numbness or a dead feeling on one side of your body?
   - Yes ☐
   - No ☐
   - Don’t know ☐

5. Have you ever had sudden painless loss of vision in one or both eyes?
   - Yes ☐
   - No ☐
   - Don’t know ☐

6. Have you ever suddenly lost one half of your vision?
   - Yes ☐
   - No ☐
   - Don’t know ☐

7. Have you ever suddenly lost the ability to understand what people are saying?
   - Yes ☐
   - No ☐
   - Don’t know ☐

8. Have you ever suddenly lost the ability to express yourself verbally or in writing?
   - Yes ☐
   - No ☐
   - Don’t know ☐
• The learner will be able to compare and contrast at least two signs/symptoms that might be considered a stroke versus another medical problem.
Misleading signs and symptoms

- Complaints of headache
- Slurred speech
- Changes in range of motion of extremities
- Gait changes
- Other complaints
- “Something just isn’t right!”

Frequency of TIA mimics

- Migraine
- Syncope
- Seizure
- Functional/Global Amnesia
- Bell’s Palsy
- Postural Hypotension
- Tumour
- Carotid stenosis
- MS
- Drug-related
- Hypothyroidism
- Parkinson Disease
- Retinopathy
- Spinal neoplasms
- LTI
- Deficiency
- MDD
- Subarachnoid haemorrhage
- Subdural haematoma
- Meningiomas
• Design a potential plan of care when providing services post-hospitalization to someone who has experienced a stroke.
A potential plan of care post-hospitalization of stroke

• Call Lisa Brace, hospital transition specialist, and update her on the hospitalization (reason, diagnoses, length of stay, ICU, end-of-life, anticipated changes in supports post-hospitalization)
Transition of care guide

A Guide for Community Support Providers to Facilitate Safe Transitions from the Hospital or Long Term Care Facility to Home

The following questions are provided to assist community support providers, service coordinators, and health care decision makers in facilitating the information needed to promote safe health care transitions from the hospital or long-term care facility to the home setting for individuals with developmental disabilities.

This document is not meant to replace the discharge summary or medication reconciliation form.

Health Conditions

☐ 1. Do you understand the individual’s health conditions?
   - A. Reason for hospitalization
   - B. Presenting conditions
   - C. New diagnosis

☐ 2. Do you understand signs of health problems to watch for after discharge?
   - A. Specific symptoms
   - B. Health problems requiring immediate medical evaluation

☐ 3. Do you have the names and contact information for the physical health care provider to notify if problems occur?
   - A. Name
   - B. Phone number

☐ 4. Were there any changes or medication changes that occurred during hospitalization?
   - A. New medications
   - B. Dose changes

☐ 5. Is there an individual to care for the individual if you, the provider, are not available?
   - A. Family member
   - B. Friend

Discharge Instructions

☐ 1. Do you understand the discharge instructions?
   - A. Special treatments (i.e., dressing changes)
   - B. Identification of who will perform the treatments
   - C. Radiology procedures
   - D. Discharge medications
   - E. Follow-up treatment
   - F. Prescribed medications

☐ 2. Do you understand the physical activity levels that will be needed?
   - A. General activity level
   - B. Exercise
   - C. Sensory input

☐ 3. Do you understand the purpose of any assistive device/equipment needed for home?
   - A. Description of device
   - B. Purpose of equipment

☐ 4. Do you understand the cost/benefits of this equipment?
   - A. Cost
   - B. Benefits

☐ 5. Do you know how to use the equipment?
   - A. Assembly
   - B. Operation

☐ 6. Do you have the manual for the equipment?
   - A. Included
   - B. Available

☐ 7. Is the equipment needed?
   - A. Yes
   - B. No
Transition of care guide

Discharge Instructions Continued

A. Know what home activities can be resumed and at what supervision level.
B. Know the individual's current medication schedule. Add any new medications and review with the pharmacist.
C. Special Diet:
   1. Understand the types, consistency, or amount of food or fluids.
   2. Know the individual's last meal.
   3. If tube feeding or supplements have been ordered:
      a. Know the type of tubing.
      b. Arrange for delivery of equipment to assist eating.
      c. Arrange for medication to be given by trained staff.

Notes:

Medications

1. Have you reviewed the prescription medication plan with the nurse or physician?
   A. Yes:
      1. Understood the name, purpose, dose, frequency, and potential side effects of all current medications.
      2. Know who to call if you have questions.
      3. Know where the most doses of the medications are kept.
   B. Have you conducted a medication reconciliation, comparing pre-hospital medications with medications given during the hospitalization and understand which of these medications should be continued in the home?

Notes:

Home Staffing Needs

1. Are there any changes that are required related to the home staffing needs of the individual?
   A. If yes, have you notified resident's staff of the new requirements and informed individual and legal guardians about these changes?
   B. Confirmed that staffing has been arranged
   C. Assured that requests for staffing changes to ODA and/or OHC Health Care Practice

Follow-ups

1. Do you know if any medical tests done during the hospital stay are still pending results (e.g., labs, x-rays, DPOC)?
   A. Do yes:
      1. Know when the results will be sent out.
      2. Know when results will be available.
      3. Have the necessary forms of information been signed to obtain the copies of tests performed in the hospital?
   B. Do no:
      1. Have the appropriate referrals for diagnostic testing to be completed.
      2. Know the name and purpose of the recommended tests.
      3. Know when and how to schedule the tests.
      4. Have the contact numbers to make the arrangements.

Notes:
Right side versus left side

**RIGHT CVA**
- Paralyzed Left Side
- Hemiplegia
- Spatial-Perceptual Deficits
- Tends to Minimize Problems
- Short Attention Span
- Visual Field Deficits
- Impaired Judgment
- Impulsive Impaired Time Concept
- I don’t feel where my left side is.

**LEFT CVA**
- Paralyzed Right Side
- Hemiplegia
- Impaired Speech and Language
- Slow Performance
- Visual Field Deficits
- Aware of Deficits Depression, Anxiety
- Impaired Comprehension

Left brain damage...Right body weakness

2+2=5?

Right Brain Damage...Left Body Weakness

What do I eat with a spoon?
Right side versus left side

A

Affected area
Blockage

B

Left brain damage
Results:
- Right side paralysis
- Speech and memory deficits
- Cautious and slow behavior

Right brain damage
Results:
- Left side paralysis
- Perceptual and memory deficits
- Quick and impulsive behavior
## A potential plan of care post-hospitalization of stroke

<table>
<thead>
<tr>
<th>RISK AREA or CONDITION</th>
<th>DESIRED OUTCOME</th>
<th>RN/LPN INTERVENTION</th>
<th>DSP INTERVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>· Specify Concern</td>
<td></td>
<td>Reference any protocols that are in use (i.e. feeding or positioning); Include the frequency &amp; schedule of the intervention</td>
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</table>
| · Cardiovascular        | Upon assessment, Michael’s blood pressure will be between 130/70 to 150/80, as written and clarified by Dr. Lisa, at least once a week during this quarter. 
Upon assessment, Michael’s blood pressure will be between 110/60 to 125/65, as written and clarified by Dr. Lisa, at least once this quarter. | Reference any protocols that are in use (i.e. feeding or positioning); Include the frequency & schedule of the intervention | Reference any protocols that are in use (i.e. feeding or positioning); Include the frequency & schedule of the intervention |
| · Neurology             | Michael will continue to be able to squeeze the RN’s hands with equal strength bilaterally at least once a week during this quarter. |  |  |
| · Nutritional           | Michael will not verbally complain of difficulty swallowing when eating at all during this quarter. 
Michael will be able to continue to eat three meals a day (portions predetermined by nutritionist and followed by DSPs) every day during this quarter. |  |  |
# A potential plan of care post-hospitalization of stroke

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</table>
| Skin                   | Michael’s sacral skin tear will not become infected (red, swollen, pus, no verbal complaints of pain) during this quarter.  
Michael will have no other alterations in skin integrity (current sacral tear as of 4/19/2018), such as redness, itching, skin tears, skin breakdown, staging of pressure ulcers) during this quarter. | Reference any protocols that are in use (i.e. feeding or positioning); Include the frequency & schedule of the intervention                                                                                                                                                                                                                                                                                  | Reference any protocols that are in use (i.e. feeding or positioning); Include the frequency & schedule of the intervention                                                                                                                                                            |
| Musculoskeletal/Extremities | Michael will be able to walk five feet with his cane, unassisted, at least once a week during this quarter.  
Michael will be able to walk 20 feet with his cane, unassisted, at least once during this quarter.                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                 |
| Behavior               |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                 |
A potential plan of care post-hospitalization of stroke

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<tr>
<td>Other risk factors</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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Resources

• [www.mayoclinic.org](http://www.mayoclinic.org)
• Saebo. “Stroke Survival Statistics: 9 Sobering Facts We should All Be Aware Of
• Stroke rehabilitation: What to expect as you recover.
Classification of Stroke

Ischemic Stroke

- Blockage of blood vessel; lack of blood flow to affected area

Hemorrhagic Stroke

- Rupture of blood vessels; leakage of blood

Transient Ischemic Attack (TIA, mini stroke)

- Sudden severe and unusual headache

- Sudden numbness of arms and legs
Visuals
THREE STROKE TYPES

Focal Brain Dysfunction

Ischemic Stroke
- Clot occluding artery
- 85%

Intracerebral Hemorrhage
- Bleeding into brain
- 10%

Subarachnoid Hemorrhage
- Bleeding around brain
- 5%

Diffuse Brain Dysfunction

Dr. RS Mehta, SPKIHS
Anatomy of the brain