**NURS 4700**

**Lesson #1**

**Answer Key**

**In Class Learning Patient Care Scenario-Brain Attack/CVA/Stroke**

**Suzanne Lacroix: UI# 275275**

**Allergy: None Known**

**Meet your patient:**

Suzanne Lacroix, a 66-year-old French Canadian woman, awoke in the middle of the night and fell when she tried to get up and go to the bathroom. She fell because she was not able to control her left leg. Her husband took her to the hospital, where she was diagnosed with an acute ischemic stroke. Because she had awakened with symptoms, the actual time of onset was unknown and she was not a candidate for tPA.

**Subjective Data:**

* Left arm and leg are weak and feel numb
* Feeling depressed and fearful
* Requires help with ADLs
* Concerned regarding having another stroke
* Says she has not taken her medication for high cholesterol
* History of a brief episode of left-sided weakness and tingling of the face, arm, and hand 3 months earlier, which totally resolved and for which she did not seek treatment

**Objective Data & Physical Examination:**

* BP: 180/110
* Left sided arm weakness (3/5) and leg weakness (4/5)
* Decreased sensation on the left side, particularly the hand
* Left homonymous hemianopsia
* Overweight
* Alert, oriented, and able to answer questions appropriately but mild slowness in responding

**Lab & Diagnostic Studies & Results:**

* + Electrocardiogram-normal sinus rhythm
  + Chest x-ray-clear
  + CT Scan- produced a 3-dimensional image of head and diagnosed ischemic stroke
  + Complete blood count (CBC)prothrombin time (11.0 seconds), activated partial thromboplastin time (28 seconds)
  + INR 0.70
  + Electrolytes (Sodium 130 mmol/L; Potassium 3.0 mmol/L; Chloride 97 mmol/L)
  + Blood glucose (9 mmol/L)
  + Lipid profile (LDL 6.0 mmol/L) (HDL 1.00 mmol/L)

**Physician’s orders:**

* IV N/S at 75 ml.hr.
* Enalapril 5 mg/dose IV q6h
* Heparin 5000 units IV bolus, THEN continuous infusion of 1300 units/hr
* ASA 325 mg. od.

**Provide Card: Neuro Assessment finding**

* PERRLA and Left homonymous hemianopsia
* Left arm and leg are weak and feel numb
* Severe headache 10/10

**Scenario:**

* Patient will have excruciating headache
* **Heart sounds** are regular
* **Lung sounds** are clear
* **Bowel sounds** are normal
* Potassium level is low
* INR is below therapeutic level
* Student will draw out of bowl either IV Heparin or IV enalapril

**Expected Actions:**

* Conduct an accurate head to toe assessment
* Collect data on an acceptable clinical worksheet
* Refer to research about diagnosis, lab values, diagnostics, medications
* Make evidence based decision regarding appropriate medication administration (Heparin 5000 units IV bolus, THEN continuous infusion of 1300 units/hr, OR Enalapril 5 mg. IV q 6 h.)
* Safely and effectively prepare and administer medication
* Discuss medications and priorities for patient care

**Critical Thinking Questions:**

* 1. **How does Suzanne’s prior health history put her at risk for a stroke?**

Suzanne had several risk factors for stroke. These include prior history of transient ischemic attack (TIA), obesity, hypertension, and hyperlipidemia.

* 1. **How can the nurse address Suzanne’s concerns regarding having another stroke?**

The nurse can use this opportunity to educate Suzanne about the need to reduce the risk for another stroke. Education should focus on body weight reduction, lowering of serum lipid levels and blood pressure, and adherence to drug and diet therapies.

* 1. **How can Suzanne and her family address activity issues such as driving after the stroke?**

Suzanne’s ability to drive will depend on a number of factors. These include her motor skills and her visual acuity. Homonymous hemianopsia results in loss of half of the visual field and may significantly impair Suzanne’s ability. To compensate for her deficit, place objects necessary for activities of daily living on the affected side

* 1. **What strategies might the home health nurse use to help Suzanne and her family cope with her feeling depressed?**

Depression is a common response to stroke. Patients are often frustrated by their inability to communicate or to perform activities of daily living. As a result they often exhibit emotional responses that are not appropriate or typical for the situation. The patient and family often go through the process of grief and mourning associated with the losses. The nurse may assist by supporting communication between the patient and family; discussing lifestyle changes resulting from stroke deficits; discussing changing roles and responsibilities within the family; and being an active listener to allow the expression of fear, frustration, and anxiety. Family members must recognize that behavioral changes resulting from neurologic deficits are not changeable. Family therapy may be a helpful adjunct. The patient and family need support and reassurance.

* 1. **What lifestyle changes should Suzanne make to reduce the likelihood of another stroke?**

Suzanne should focus on decreasing body weight, increasing physical activity, and reducing blood pressure and serum lipid levels. At the same time, antiplatelet, antihypertensive, and antilipid medications are taken as prescribed.

* 1. **How will homonymous hemianopsia affect Suzanne’s hygiene, eating, driving, and community activities?**

Homonymous hemianopsia (blindness in the same half of each visual field) can result in a persistent disregard of objects in part of the visual field. This makes it difficult for the patient in terms of eating, dressing, and grooming activities. In the acute care setting, the nurse helps the patient to compensate by arranging the environment within the patient’s perceptual field, such as arranging the food tray so that all foods are in the patient’s visual field. Later, Suzanne will need to learn to compensate for the visual defect by consciously attending or scanning the neglected side. The weak or paralyzed extremities are carefully checked for adequacy of dressing, for hygiene, and for trauma.

* 1. **What factors should the nurse assess for related to outpatient rehabilitation for Suzanne?**

The rehabilitation nurse assesses the patient and family with attention to rehabilitation potential of the patient, physical status of all body systems, presence of complications caused by the stroke or other chronic conditions, cognitive status of the patient, family resources and support, and expectations of the patient and family related to the outpatient rehabilitation program.

* 1. **What other health issues may Suzanne experience?**

Embarrassment about her body image, changes in her sensory perception, impaired physical mobility, and impaired verbal communication.