**Nursing Care of the Patient After a Stroke (CVA)**

**Answer Key**

**This is the answer key to a learning activity. Rather than completing a case study on this topic, a blank version of this document is opened for students and students are asked to brainstorm as a group to think of all care considerations in the categories on the left column. The teacher fills in as the students brainstorm and the completed document is posted for the students. The answers below are a key for the facilitator only!**

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|  | **Care considerations** |
| **Nutrition/feeding** | * **Sit up straight** * **Take small bites** * **Chew on stronger side of mouth and be aware of pocketing on weak side (use finger to clear trapped food)** * **Brush teeth after every meal** * **Chew thoroughly and ensure mouth is clear before next bite** * **Use cloth for drooling** * **My need plates with rims; dishes with nonslip pad on bottom** * **Cup holder; modified utensils** * **Get help from family if needed (but they should be shown by SLP how to do it safely)** * **Family to learn how to prepare food for pt** * **6-8 cups of fluid a day** * **Be aware of visual field (homonymous hemianopsia** |
| **Mobility** | * **ROM exercises** * **Be aware of risk of falls due to general or one-sided weakness/paralysis** * **May need to move furniture; remove area rugs or other loose floor coverings; raise chairs or toilet seats** * **Install handrails** * **Chair lifts for stairs or even elevators; ramps** * **Proper night lighting; phone (and other bedside items) where it can be reached** * **Modified tub or shower; soap on a rope; long handled brush** * **Use a low bed** * **Position is important to avoid strain on joints as a result of a weak limb** * **If patient is weak on left side, place wheelchair on right side** * **If walker use appropriate use WIG (walker forward first, then injured side (weak side) then good side)- requires upper body strength to use this** |
| **Communication** | * **Expressive aphasia- work with SLP; gesturing; a form of sign language; picture or picture cards; spelling tablets; scrabble tiles to spell out words; computers to speak for you** * **Receptive aphasia- ?? ideas (maybe show the person what to do)** |
| **Memory** | * **Recognize that decreased memory and problem solving abilities can have an effect on the pt’s emotions, behaviour, social life, hobbies, self care, safety, ability to drive** * **Some ways to help- organize things where you would naturally find them (car keys at door); calendars/day planners/diary; write lists and cross off those that are done; record steps of a task on a tape and use this to direct self in completing a task; alarm clocks/watches; use triggers (picture of toothbrush in washroom to remind you to brush teeth); use photos with names to remind you of people you can’t remember names of; do exercises every day to sharpen senses (i.e. memory exercises)** |
| **Elimination (bowel and bladder)** | * **Bladder- go to the BR every two hours (or regularly); if incontinent at night limit fluids before bed, put a disposable pad under you or wear absorbant underclothes, do not cut down on drinking so that you become dehydrated (older adults feel this less)** * **Bowel- check into medications currently taken; stool softeners for constipation; add fibre to diet** |
| **Psychosocial** | * **Cope by: talking with other stroke survivors, keeping up social contacts, staying “plugged in” to your family; setting personal goals- with small steps, keep a journal, getting information about stroke, talking with stroke rehab team** * **Know that common problems are 1) depression; 2) emotional lability, 3) personality changes** |
| **Patient assessment** | * **Pain assessment- weakness in an arm (for example) can lead it to droop and pull on muscles in the shoulder** * **Vital signs- gives important clues to complications- do not want to see excessively elevated blood pressure (syst above 220 or MAP of 180mmHg- normal is 70-110), watching for signs of SIADH as well (fluid is retained; sodium lost and diluted); temp might be increased commonly following stroke- need to be careful as this contributes to development of increased ICP** * **Neuro assessment (GCS or stroke scale), LOC, etc, etc.** |
| **Family Support** | * **sharing information with family about stroke** * **become familiar with the rehab plan for their loved one** * **take a first aid and CPR course (to reduce anxiety about caring for the family member)** * **Be patient, affectionate and respectful** * **Talk to support people; tap into respite care, community services, stroke support groups, day care, other groups** * **Include stroke pt in conversations; talk with, not about** * **Don’t constantly compare to life as it was before** * **Share feelings with a close friend** * **Have one conversation a day about something non-stroke related** * **Do something calming that you like** * **Keep up with current events** * **Don’t feel guilty if you aren’t with the person every minute; take care of yourself** * **Don’t be afraid to ask neighbours or friends for help occasionally** * **Take breaks away when needed and do not feel like the stroke survivor will fall apart without you** |
| **Medications** | * **Blood thinners 1) antiplatelet meds such as aspiring, plavix or aggrenox and 2) heparin or warfarin (significant to know if a patient is on these if they come in with any bleeding symptoms later or if stroke is caused by hemorrhage- ie pts with Atrial fib might already be on blood thinners)** * **Antihypertensives- if SBP >220 or MAP> 180mmHg** * **TPA (give within 3-4.5 hours from first stroke symptom)- decreases disability, but increased risk of death due to intracranial bleed; close monitoring required after administration for signs of bleeding; NEVER given for hemorrhagic stroke** |