STROKE MANAGEMENT
Purpose

To outline the nursing management of patients with a new diagnosis of stroke, R/O stroke, or TIA (Transient Ischemic Attack).
FACT:

Stroke is the fourth (4th) leading cause of death in the US and the leading cause of major disability.
2 CLASSES OF STROKE

啬 Ischemic strokes: caused by blood clots, such as:
  ➢ Cerebral thrombosis
  ➢ Cerebral embolism

จนถึง Hemorrhagic strokes: caused by ruptured blood vessels, such as:
  ➢ Intracerebral hemorrhage
  ➢ Subarachnoid hemorrhage
GOAL OF ORGANIZED STROKE CARE AT UTMC

To facilitate the use of our best resources to minimize or prevent the complications of a stroke through rapid identification of symptoms, appropriate interventions, and patient education
NOTIFICATION

 крыш If Stroke symptoms are present, notify the Stroke Team at:

 PAGER #419-218-3399

 OR

 Call the Operator to page the Stroke Team
NURSING MANAGEMENT

- 1. Support symptoms as needed (airway, clear secretions, etc)
- 2. Initiate Telemetry
- 3. Monitor VS and pulse oximetry,
  ... every 2 hours for the first 8 hours, then every 4 hours
- 4. Obtain Computed Tomography (CT) scan
- 5. Draw labs as ordered
- 6. Notify family and educate as needed
SPECIAL CONSIDERATIONS FOR BP

❖ Hypertension is not routinely treated in patients with acute Ischemic Stroke unless SBP >220 or DBP >110 according to the AHA/American Stroke Association.

❖ Treatment for hypertension is recommended for tPA candidates and for the following limits:

\[
\text{SBP >185, DBP >110.}
\]

❖ Monitor the blood pressure closely if medications are administered because lowering a blood pressure too quickly can actually facilitate or extend a stroke.
REPORTABLE CONDITIONS

♫ BP outside of ordered parameters
♫ Neurological changes
♫ Headache
♫ Oral temperatures >99°
♫ Pulse ox <94%
♫ Seizure activity
PATIENT CARE: DAY 1

- Admission orders/Acute Ischemic Stroke orders are completed and processed
- Range of motion every 4 hours
- EPC cuffs
- Initiate Fall precautions
- General skin care protocols
- Monitor for urinary retention; bladder scan at least once within the 1st 24 hours
- Monitor bowel function
- Provide on-going stroke education
PATIENT CARE: DAY 2

- Speech/Occupational/Physical Therapy evaluations as appropriate
- PM&R evaluation as appropriate
- Discharge planning initiated
- Ensure any diagnostic tests ordered have been completed
BY DISCHARGE

Patient and caregiver are given stroke education

Patient and caregiver are given smoking cessation information (if applicable)
GENERAL INFORMATION

 Maintain blood glucose in the range **100-150**

 ... High glucose levels may inhibit oxygen carrying abilities of hemoglobin

 Educate patient and family to notify staff immediately of neurological changes

 Instruct patient to ask for help when changing positions

 ... Make sure positioning doesn’t hinder blood flow to an affected extremity

 Nursing swallow screening must be completed prior to any oral intake
STANDARD OF CARE S19