

STROKE PATHOCHART

PATHOPHYSIOLOGY

Neurological deficit caused by decreased blood flow to portion of the brain. This can be either ischemic or hemorrhagic in nature. Lack of blood flow for longer than 10 minutes can cause irreversible damage. Ischemic stroke can be from a blood clot, or severe narrowing of the arteries in the brain. A hemorrhagic stroke is from a burst vessel in the brain that causes bleeding to occur within the brain. Both ischemic and hemorrhagic have the exact same signs and symptoms. If the stroke is occurring on the right side of the brain, the patient will have difficulty with the left side of their body and vice-versa.



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ASSESSMENT FINDINGS

- Using the mnemonic FAST:
 - Facial droop
 - Arm drifting
 - Speech problems or Slurring of speech
 - Time (time to call 911, and Time last known well).
- Symptoms are location specific.
- Stroke symptoms are contralateral
- Swallow screen to assess for dysphagia

NURSING PRIORITIES

- Fall Risk
- Aspiration Risk
- Address Communication needs
- Coping Skills
- Functional Ability - Optimize Independence

DIAGNOSTICS

- CT scan, MRI
- Clotting studies and D-Dimer
- Neurological examination
 - NIH Stroke Scale

THERAPEUTIC MANAGEMENT

- Ischemic - tPA or thrombectomy
- Hemorrhagic - EVD or aneurysm repair
- PT, OT, Speech Therapy Rehabilitation
- Control Hypertension, Monitor Vitals Closely
- Frequent Neuro Checks (NIH Stroke Scale)
- Decrease stimuli, minimize ICP

MEDICATION THERAPY

- Ischemic only: TPA
- Beta blockers
- Calcium channel blockers