NURS 441: Clinical Management of Rehabilitation Clients
Grand Rounds Presentation Outline
Clinical Management of a Stroke Patient
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Introduction

Patient – T.C.
- 69 YOM
- From Zuni, VA, a rural area beyond Suffolk, VA
- Transferred to Maryview from Sentara Obici after suffering a cerebrovascular accident/CVA on 1/25/13
- T.C.’s Diagnosis – Acute cerebral infarct, RIGHT parasagittal pons

Review:
*What does the pons control?*
- Relay station between forebrain and cerebellum
- Respiration center – “pneumotaxic center”
- Helps control sleep, swallowing, bladder control, hearing, equilibrium, taste, eye movement, facial expressions, and posture

*Symptoms of R CVA??*
- Rights are RISKY, Lefts are TURTLES
- Left hemiparesis and proprioceptive loss
- Anosognosia – patient unaware of their disability
- Impaired judgment
- Difficulty with memory and cognitive tasks
- Overestimate
- Impulsive
- Decreased anxiety
- High fall risk

*Symptoms of L CVA?*
- Aphasia – difficulty forming and comprehending language
- Dysarthria – slurred speech, muscular issue w/ speech
- Dysphagia – difficulty swallowing
- Anxiety and frustration
- Slow, cautious
T.C. had more of a LEFT CVA presentation, symptom-wise, despite being diagnosed with a RIGHT CVA - perhaps some of these symptoms are residual from previous CVA.

**Client History and Assessment**

*Past Pertinent History*
- Pt was a poor historian
- Previous CVA of unknown etiology approx. 5-10 years ago– (Recent CT scan showed evidence an OLD LEFT frontal and Left parietal infarcts) Pt has some minor residual RIGHT lower extremity weakness from this CVA, but otherwise no other complications – he was still ambulatory and 100% independent prior to most recent CVA. He was received rehab at Maryview after this CVA, as well
- Type II Diabetes
- Hypertension
- Hyperlipidemia
- Otherwise, patient had no other known medical history
- Medications - he took baby aspirin on a daily basis since his prior CVA

- On 1/25/13, patient was transported to Obici by ambulance after experiencing LEFT lower extremity weakness and slurred speech, and he was unable to ambulate
- His initial CT in ER showed no signs of an acute stroke

*Chief reason for needing rehabilitation?*
- Deficits resulting from his most recent CVA
  - Significant Left sided hemiparesis – (weakness) (Hemiplegia – complete paralysis)
  - C.T. was pretty much unable to move his LEFT side – he couldn’t ambulate, he couldn’t use his LEFT arm or LEFT leg; he had aphasia, dysarthria (slurred speech), he had dysphagia (swallowing), and he was experiencing bladder and bowel incontinence

*Past psychosocial and family history?*
- Pt lived by himself, in a rural area
- Apparently, he had no regular running water at his residence
- He had an outhouse, but it was destroyed during a bad storm last month
- He has one living brother, who visited 2x during our clinical rotation
- A second brother, with whom the patient was close with, recently died, about a month prior to T.C. having his recent CVA
- The brother who visited showed concern for the patient and was willing to take in patient after he left rehab, however, he stated he was only able to do this if patient was continent, and able to use toilet
- The patient is very quiet, and talks very softly
- Brother stated that patient was a quiet guy prior to recent CVA; he stated that he was retired
- Patient had previously worked as a janitor at the Planter’s peanut factory in Suffolk; brother stated that patient typically just sat around and watched TV most of the time, and that he loved to watch soap operas
- Patient had 7th grade education level!

Physical assessment data for capabilities of the client, and those areas of dependence?

- T.C. has LEFT hemiplegia, has almost no ability to control left extremities, thus, he can’t ambulate, can’t move himself, has no ability to use left side when performing tasks, including self-care, his left extremities are very rigid
- T.C. is able to use his RIGHT extremities, though he has some noted extremity weakness; he also has some difficulty controlling his RIGHT leg, and it constantly fights against him during transfers although he was able to use it during wheelchair operation, but his movement is slow and not very effective; he is able to use his right arm to feed himself and perform some self-care duties, like brushing his teeth and shaving, but again, his mov’t is slow
- Left facial droop, difficulty swallowing, difficulty speaking
  Cleary, impaired swallowing is a huge risk for the patient – he could aspirate
  He pockets food, he can’t tell when he has residual food on his left side, so he takes another bite, then has difficulty swallowing and starts coughing; his speech is also very difficult to discern – you have to listen very closely, he has difficulty enunciating, and it doesn’t help that he speaks very softly. This is very frustrating for the patient, because people have to ask him to repeat what he says multiple times

So, what do you think some of the nursing diagnoses for this patient would be?? - Discuss

Discuss Nursing Care Plan and Nursing Care Map