

History hyperthermia case study

Business



What questions could be asked of J. G's family to help determine the cause of her stroke as thrombosis, embolism, or hemorrhagic (e. G questions to asses risk factors for each type of stroke)? Ere family should be asked the following: History of diabetes and hypertension? Is she a smoker? Any history of cardiac dysfunction and dysphasia (spelling on this?)? History hyperthermia? Anymore questions we can add? 2.

Based on the scenario described above which hemisphere (Left or right) suffered the chemic damage?

What other manifestations of this stroke location would likely be apparent? If she is leaning to the right then the left hemisphere is affected because a stroke is contractual. Drooling and incontinence suggests damage to the brainstem. The brainstem controls reflexes and autonomic functions of the body including heart rate and blood pressure including our visceral functions such as digestion and urination. (Maybe suggest specifically which part of the brainstem). Lack of motor ability and verbal expression shows frontal cortex damage.

Lack of motor ability show damage to the frontal cortex that is in charge of.... Here the teacher is asking from her symptoms what parts of the brain are affected? Someone please elaborate on frontal cortex function and if there are any other parts of the brain were affected.

Elaborate on the brainstem. 3. What medical therapies might be used to manage this current stroke and/or to prevent another one? To mänge J. G's stroke she must undergo thrombosis therapy, rehabilitative services such as speech pathology, and physical therapy.

Thrombolytic therapy includes blood thinners and thrombolysis, these help minimize infarct size to preserve neurological functions.

Anti-coagulants (blood thinner) reduces the formation of clots. Physical therapist will help her with active passive range of motion exercise that will help her with her mobility deficits and urinary incontinence. For her sensory deficit a speech pathologist may help her learn how speak again and help her with her cognitive deficit. Can someone please look up what time of therapist or specifically what rehabilitative arrive she would need for her cognitive deficit.

I just assumed speech pathologist helped with cognitive IM not sure. Maybe we can 4.

What information might be appropriate to give J. G's family about the expected recovery process after stroke? After a stroke the patient should be aware of . TN J S will have motor, sensory and cognitive deficits. This means she will have trouble moving, doing everyday tasks and may experience paralysis. She may have trouble communicating and memory deficits. If someone goes through a stroke IM sure we can add a lot more to question 4.