

Case study based on stroke victim

Business



Mary can not walk at all. She can stand with assistance for clothing adjustments. Mary can not talk properly, she responds with “ yes”, “ no” or “ Oh no”. Mary is cognitively disabled, although slightly, it can be difficult to tell when Mary is answering the questions or just responding to being spoken to.

Prior to the MBA and C. V., Mary had some health problems that include a long history of hypertension, asthma, an aortic valve replacement, diagnosed major depression, anxiety and epilepsy.

The cardiovascular accident has left Mary unable to perform any activities of daily living so has been forced to reside in a nursing home. Mary is surrounded by elderly patients primarily affected by dementia, leaving her susceptible to other possible problems such as depressive episodes, (although she is on medication for depression), boredom, or possible withdrawal just to name a few (Newcomer, 2005).

This paper will discuss how the nursing staff uses the nursing process to encourage Mary to be involved in activities and her surroundings and how they try to cater for a much younger patient living in the nursing home (Kickback, 2001). I will address areas such as medical and pharmacological management, mobility, and some of the other needs that Mary finds are now compromised, for example, spiritual, sexual, social, and cultural and the difficulties in general family contact.

Epidemiology & Etiology Stroke is the third leading cause of death in the United States (Enhance & Heather, 2002), and in Australia (National Stroke Foundation, 2004), after heart disease and cancer, and is the most common

cause of Neurological disability (Springiness, 1998). The majority of stroke victims are over 65 years of age. Strokes can be hereditary, and seem to be more common in women (Enhance & Heather, 2002). Stroke is slightly ore common in African Americans that Caucasians, affecting African Americans with greater Impairment and are twice as likely to die from a stroke as Caucasian people seem to be.

This Is also the case In Australia according to the Bureau of Statistics, (Bibb Aboriginal people are 10 to 20 times more likely to be affected by stroke and heart disease than navigational people.

The risk factors include moldable rills Doctors, wanly are things Like lack AT exercise, Delving overweening cigarette smoking, alcohol abuse, hypertension, and contraceptive pill, basically the hinges that we can be changes through lifestyle changes or medical treatment. Non- modifiable aristocrats include age, gender, race and family history of cardiovascular disease (Brown & Edwards, 2005).

The most common cause of C. V. in the elderly is thrombosis, resulting from obstruction in the extractable vessels or less frequently the antibacterial vessels (Springiness, 1998).

The second most common is the embolism. An occlusion caused by a fragmented clot, and can occur at any age and occurs suddenly, and thirdly, is a C. V. caused by hemorrhage, this also can occur at any age and suddenly (Springiness, 1998). Mary had been exposed to many of the common risk factors, hypertension, contraceptive pill, smoking, alcohol, aortic valve replacement, and being over weight (Brown & Edwards, 2005).

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Awareness of the risk factors and being in control of modifiable risk factors is the most effective way of decreasing the likelihood of becoming victim of a stroke. Pathologically Stroke is medically defined as a clinical syndrome characterized by rapidly developing clinical symptoms and/or signs of focal, and at times global, loss of cerebral function, with symptoms lasting more than 24 hours or leading to death, with no apparent causes other than of vascular origin (Nursing Standard, 2004). A transient ischemic attack (TIA) differs from stroke in that symptoms last less than 24 hours.

A TIA should never be ignored, as it is a warning that the person has a high risk of developing stroke. Anything that causes a TIA has the potential to cause an ischemic stroke. People experiencing TIA should see their doctor and most definitely not ignore symptoms simply because they are transient (Nursing Standard, 2004).

Mary had no known medical history of TIA. She could not fully understand the question to respond correctly to enable medical staff to ascertain if there had or had not been any prior incidence.

A cerebral infarction occurs when any area of the brain loses blood supply because of vascular occlusion (Enhance & Heather, 2002). The damage can be either reversible or irreversible, in Mary's case, irreversible. Cerebral infarction are either ischemic or hemorrhagic.

Ischemic stroke occurs when blood flow to the brain is inadequate and cause brain injury (Enhance & Heather, 2002) and accounts for 85% of all strokes (Brown & Edwards, 2005). Ischemic stroke is divided into two categories, thrombotic and embolic.

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Mary was most probably affected by an embolic stroke, because it occurs when an embolism lodges in and blocks the cerebral artery (Brown & Edwards, 2005), or a clot that originates somewhere other than the brain. This type of stroke occurs when a piece of clot breaks loose and is carried by the blood stream to the brain. As it travels into smaller vessels, it reaches a point where it can no longer travel and blocks the vessel, cutting off the blood supply. This type of stroke is associated with prosthetic valve replacement <http://www>.

CSS. News. Gob. AU/ARPA/Speech/ hat_is_a_stroke. Tm Still referenced incorrectly Conditions associated with this are arterial Translation, myocardial Interaction, Intellective incarcerates, rheumatic near disease, uvular prostheses, and arterial septa defects (Brown & Edwards, 2005).

Hemorrhagic stroke occurs when bleeding into the inflected area due to restoration of blood flow occurs (Enhance & Heather, 2002). When blood is interrupted and the brain is deprived of oxygen and nutrients, the cells in the affected area are damaged causing problems to motor functions controlled by that area of the brain (Enhance , 2002).

Medical/Surgical Treatment Stroke is a medical emergency and has to be treated as such to allow for optimal recovery of the patient (Stroke Foundation, 2004). Correct diagnosis and referral to a stroke team reduces the risk of complications during recovery (Stroke Foundation, 2004). CT scan should be used to determine if a stroke has occurred and what type of stroke, and again if the patient experiences any deterioration. Discharge

planning is put in to process early to ensure the correct decisions surrounding rehabilitation are made.

The medical team would keep the family well informed. Some risks such as aspiration, deep vein thrombosis (D.

V. T), pressure sores, pneumonia and recurrent stroke are monitored closely, to reduce the risk of them occurring (Stroke Foundation, 2004). Mary was admitted to the nursing home after the C. V.

with a peg tube for feeding because she was having some difficulty swallowing. Mary also initially was non-compliant to speech therapists assessing her swallowing reflexes so this resulted in her keeping the peg tubing in longer than needed. Once Mary realized that she could have the tube removed if assessed to be safely swallowing she happily complied with the speech pathologists and the tube was removed.

Mary is restricted to a soft diet but has no difficulties at all with her food. You haven't added anything to this section about specific treatment for C.

V. - lee what does the latest evidence show re things like anticoagulation therapy, thrombosis Mar's medications consist of * Peplum for epilepsy The generic name for Peplum is Vaccinating. It is primarily used for the treatment of epilepsy. Some common adverse effects include fatigue, headache, memory loss, insomnia, dizziness, nervousness, weight gain, depression, confusion. Allergic reactions to this drug are rare.

It works by inhibiting the gamma-aminobutyric acid transmitted, GABA, which results in increased brain concentrations of GABA.

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(Reference) * Practical secondary prevention of myocardial infarction I née generic name Tort Practical Is Privations. I Nils rug Is also uses In conjunction with diet to control cholesterol. There is an increased risk of renal impairment, and regular monitoring of renal function is necessary. Some of the common adverse effects include mild Gastrointestinal (GIG) problems, headache, insomnia, dizziness, elevated transmitted concentration.

Some rare effects include monopoly, hepatitis, liver failure, vision impairment, and nonphysical.

(Reference) * Seriated for asthma control The generic name for Seriated is Collateral with Fluctuations. Some adverse effects are mouth ulcers, headache, and tremor. This drug works by relaxing the bronchial smooth muscle by stimulating beta transporters(Reference) * Warning to prevent thrombosis's as Mary has had a aortic valve replacement prior to the C. V. Warning inhibits the synthesis of vitamin K-dependent clotting factors.

It is used for prevention and treatment of venous thrombosis's, thrombosis's for tenants with prosthetic heart valves; it is used for prevention of stroke in patients with previous history of myocardial infarction. Bleeding is a common adverse effect. Rare effects are skin necrosis, purple disconsolation of toes, allergic reactions, fever, rash, vomiting, diarrhea, hepatic dysfunction. When a patient is taking Warning, constant monitoring if INNER levels are necessary to indicate if levels are in a therapeutic range. Reference) *

Covers plus for hypertension The generic name for Covers plus is Impedance.

It is indicated for hypertension. Too brief – needed to be expanded Effect CRUX for treatment of major depression Effect CRUX has the generic name <https://assignbuster.com/case-study-based-on-stroke-victim/>

of Ventilating. It is indicated for major depression, and generalized anxiety disorder. Hypertension can be exacerbated by this medication. Common adverse effects are nausea, vomiting, anorexia, headache, sweating, anxiety, rash, dizziness, fatigue, hypertension, tremor and orthodontia hypertension.

Some less common side effects are sexual dysfunction, dry mouth, insomnia, constipation, palpitations, seizures and hepatitis. (reference) * Coolly & Essen to avoid constipation Doctorates is the generic name for Coolly. Coolly is a laxative, or a stool softener. It works by assisting with the mixture of water into the faces. Its infrequent adverse effects include abdominal cramping, colic, diarrhea, rash, excessive loss of water and electrolytes. Essen Is also a laxative .

I née adverse erects are also nominal cramping, and diarrhea. Reference) * Panamas / penalized forte PORN for pain relief Paramedical is the generic name for Panamas. It is indicated for mild to moderate pain, fever, migraine and tension headache. Paramedical can interact with Warning, and it is suggested that 3. 5-7. G of paramedical can elevate INNER levels.

Penalized is paramedical with codeine. Constipation is a common side effect of codeine. * Diagram elixir for control of seizures Diagram elixir is a Benedictine. It is indicated for treatment of acute seizures, drug and alcohol withdrawal seizures, and muscle spasm.

Some common adverse effects are drowsiness, hyper salivation, aggression, irritability, and hyperactivity. Alcohol should be avoided with this drug because it can increase CONS depression.

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* Venting NBS. PORN for asthma relief Ventilation's generic name is Subtotal. It is indicated for the treatment of acute asthma, symptomatic relief and protection against exercise induced asthma. It is a bronchiolar. Its mode of action is it relaxes the bronchial smooth muscle by stimulating beta transporters.

Common side effects include tremor, palpitations and headache. Less common are tachycardia, insomnia, hyperactivity in children and agitation (AMAH 2004). Is this your reference for all information re drugs? – if so you need to add this reference at the end of each section OR mention at the beginning of the section explaining drugs that you obtained all information from this source Social, Cultural, historical and primary Health Care Issues Mary is in the middle adulthood developmental stage according to the developmental theories (Crisp & Taylor, 2003).

This indicates that generally, without her disability, she would be having increased feelings of satisfaction, decreased negativism, and would be having a concern for her health. The fact that she has had such a major disability affect her at this stage also affects how she has coped. She has coped relatively well by staying close to her family, drawing on their love, leaning on her friends and family for support while she was adjusting and taking one day at a time.

. Mar's social life largely revolved around her family and friends before the stroke. After her initial withdrawal she has remained very tightly networked with the same people.

They take her out for short functions, they spend time at the nursing home, and they take her home for the afternoon simply just to watch television. Mary has also developed a relationship with the nursing team at the nursing home and she is reliant on them so care is taken to enhance her independence where possible. Nursing staff set Mary up with her chosen activity, whether it is an ODL or a planned activity and make sure she has everything she needs and the reassurance of knowing a nurse is close by to assist if needed, and then encourage Mary to attend the activity herself.

The divisional therapy staff gives Mary a choice of activities within her capability so she won't need a lot of help from staff and this helps to avoid Mary becoming agitated or frustrated. If staff can see Mary is having difficulties then they ask Mary if she would like help or if she would like to join a different activity. Mary particularly enjoys craft. She can take her time and enjoys seeing how the staff and students all have difficulties in some areas with craft. This makes Mary smile and laugh.

Some good additions here Jansen. Mary is not religious at all but chooses to join the facilities church service occasionally.

Nursing staff encourage and support Mary if she wishes to join in but do not push the issue if she indicates she is not interested on that day. When Mary does choose to join in with church services she is sometimes joined by her family or friends. Mary has a lot of health care issues; most are prior to the stroke so she has dealt with issues surrounding them. Health is a complete state of mental and social wellbeing, not just the state of physical health

(Health Promotion, 2005), so Mar's health will suffer if her emotional health needs are not adequately met.