Nursing: Utilizing an Interdisciplinary Team Approach in the Care of a Stroke Patient

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Disclosure:

• No conflicts of interest
• Nothing to disclose
• Describe how a Cerebral Vascular Accident (CVA) or Stroke is a complex disease, and how it has become a public health issue

• Define the “hallmark” approach in the care of the Stroke patient

• Name one evidence-based/innovative practice in the care of a Stroke patient

• Mention the at least two expected outcomes in the rehabilitation of a Stroke patient and the importance of patient education.
STROKE /CVA/ Brain Attack

A complex & devastating disease

What is the causes of a STROKE/CVA?
-- A disruption of the blood supply to the brain

Two common culprits for the interruption of the blood supply?
-- A rupture artery or a blood clot

Types of CVA causing major problems including death
-- Hemorrhagic and Ischemic

Transient ischemic attack (TIA) – a “mini-stroke.” It is characterized as a “warning stroke,” which should be taken seriously.
Stroke Stats:

- Stroke - the 5th leading cause of death in the U.S.
- 2001 to 2011: Stroke death fell by 21.2%
- 7 Million Stroke Survivors in the U.S.
- Every 40 seconds a patient has a Stroke in the U.S. & 1 person dies every 4 min.

(AHA 2015)
Impact of Stroke

- 795,000 (Cases in United States per year)
- 185,000 (Cases which are recurrent attacks)
- 610,000 (Cases that are first brain attacks)
- $73.7 billion (Americans will pay for STROKE related medical cost and lost of productivity)

(CDC)
Actions

Clot busting drugs

TIME is BRAIN

Coordination of public education in efforts to utilize emergency response

Management & focus of subacute complications of a stroke
Hallmark approach in the care of a stroke patient:

- Through a well cohesive, communicative, coordinated and interactive interdisciplinary Team
- Care to be Holistic in nature
- Comprehensive & individualized assessment and treatment plan
- Patient and caregivers are to be central participants in the rehabilitation process
Outcomes

- Free of respiratory complications
- Free of increasing neurological deficits, & seizures
- Free of malnutrition, & skin breakdown
- Free of contractures
- Free of communication deficits

- Free of B&B incontinence, constipation, retention
- Free of DVT, depression, and any injury
- Pt. learns new swallowing techniques
- Pt. able to perform active and passive range of motion
- Pt. will exhibit effective means of communication
Evidence-Based Practices

- Use of rt-PA in acute stroke
- Maintaining brain perfusion
- Maintaining Blood Glucose 120-140 mg/dL range
- Maintaining temperature less than 100 F during first 48 hrs. post the stroke event
- CT to evaluate stroke

- Usage of ASA & Coumadin (Warfarin) in patients with A-Fib.
- Early mobilization
- Subcutaneous anticoagulation and compression stockings to prevent DVT with immobile pts
- Anticonvulsants for seizures
- ID stroke & initiate prevention measures
Patient and family education:

- **Stroke**
  - Identify signs and symptoms of stroke, understand depression, and when to seek assistance.

- **BP**
  - Ability to monitor BP and to take the correct medications

- **Seizure**
  - Know how to treat a seizure, proper usage of medications and when to seek emergency care

- **Positioning**
  - Proper and safe transfer and positioning techniques

- **Dietary**
  - Dietary modifications and importance to monitor any weight gains or losses

- **Bowel & Bladder**
  - Ability to maintain Bowel and Bladder timing training, and proper usage of fluids, diet and medication for this control.

- **DVT**
  - Learn the importance of taking medications for the prevention of DVTs, and understand the importance of staying active.
Patient and family education:

Stroke mortality reduces with the following:

✓ Controlling diabetes mellitus
✓ Reducing cholesterol
✓ Smoking cessation
✓ Controlling hypertension
Nursing Plan of Care

Priorities:

➢ Increasing cerebral perfusion and oxygenation adequate

➢ Preventing and minimizing complications and permanent disability

➢ Helping patients to fulfill their daily needs

➢ Provide support to the process of coping mechanisms and integrating the changes in self-concept

➢ Provide information about the disease process, prognosis, treatment, and rehabilitation needs
Nursing Plan of Care

Goals:

- Increase cerebral function and decrease neurological deficits
- Prevent / minimize complications
- Daily needs are met either by self or others
- Positive coping mechanisms and to plan for the state after illness
- Understand the process of disease and prognosis
Six main areas to focus for family/caregiver involvement in the care of a Stroke patient:

• Allow caregivers to be part of the interdisciplinary teams
• Investigate what are the assessment needs and concerns as per the caregiver’s perspective
• Making sure there is follow up with all referrals and appointments
• Counseling sessions should focus on problem solving and social support
• Stroke related information resources and availability of same
• There should be special attention to the emotional and physical health of caregivers.
References


- www.stroke.org
- www.cdc.gov