Assess the presence of risk factors:
- increased age
- men > women
- prior stroke or TIA
- hypertension
- smoking
- family history of stroke
- disease co-morbidity/medications that cause increased clot formation
- hyperlipidemia, DM, cardiovascular disease, carotid artery disease, atrial fibrillation, cardiomyopathy
- obesity
- sedentary lifestyle
- pregnancy

Source: [http://www.americanheart.org/presenter.jhtml?identifier=4716](http://www.americanheart.org/presenter.jhtml?identifier=4716)

Monitor for presence of ACIS symptoms:
- Sudden onset (GIVE ME 5 check)
  - Walk — Is balance off?
  - Talk — Is speech slurred or face droopy?
  - Reach — Is one side weak or numb?
  - See — Is vision all or partly lost?
  - Feel — Is headache severe?


Initiate client education for Health Seeking Behaviors to identify:
- Risk factors
- Signs and symptoms for early detection of disease
- Screening protocol for early identification if transient symptoms are present
- Teach s/s of ACIS to report.

Box 1

Initiate the plan of care for a Risk For Ineffective Therapeutic Regimen management for asymptomatic neurovascular disease:
- Smoking cessation
- Antiplatelet therapy
- Blood pressure control
- Cholesterol management
- Diabetes management
- Patient teaching from box 1

Box 2
Collaborative Problem

Potential Complication: Cerebral ischemia/Stroke

**ASSESS s/s of cerebral ischemia/Stroke**
- focal neurological deficit (numbness, paraesthesia, paresis/paralysis, blurred vision, cranial nerve deficit, headache, nausea, vomiting)
- change in mental status/consciousness

**Assess for contributing factors:**
- increased age
- prior stroke or TIA
- hypertension
- smoking
- family history of stroke
- disease co-morbidity/medications that cause increased clot formation
- hyperlipidemia, DM, cardiovascular disease, carotid artery disease, atrial fibrillation, cardiomyopathy
- obesity
- sedentary lifestyle
- pregnancy

**Monitor for presence of the disorder**
- Monitor neurochecks according to institution policy for deviation (NIH stroke scale vs. modified Glasgow coma scale) if changes are noted initiate stroke code protocol
- Monitor results of emergent noncontrast head CT scanning (mandatory for rapidly distinguishing ischemic from hemorrhagic infarction)
- Perform TPA checklist and daily weight

**Monitor for presence of contributing factors**
- Monitor pulse oximetry for desaturation that would aggravate ischemia
- Monitor VS for hypertension, bradycardia, irregular respirations & widened pulse pressure
- Monitor cardiac monitor for dysrhythmia
- Monitor electrolytes for imbalance especially hyperglycemia
- Monitor Coagulopathy studies and CBC to identify contributing factors of hypercoagulability states, infections and anemia
- Monitor cardiac markers which can indicate worsened outcome in stroke clients

**Additional assessment includes monitoring from presence of complications**
- Monitor baseline bleeding times, CBC

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**DO**
**Perform nursing actions that correct the disorder**
- Administer oxygen therapy to titrate > 90-95%
- Keep NPO
- Establish 2 IV accesses
- Control blood pressure if greater than SBP>185 or DBP >110

**For ischemic stroke:**
- Administer thrombolytic therapy as per protocol for ischemic stroke
**For Hemorrhagic stroke:**
- Discontinue all anticoagulants, provide supportive care, prepare for evacuation of hematoma if indicated, control seizures

**Performs nursing actions to control contributing factors & minimize complications**
- Treat hypotension
- Treat hyperthermia
- Maintain euglycemia
- Administer IV heparin as prescribed according to protocol and adjust according to nomogram to prevent clot formation
- Initiate bleeding precautions
- Initiate seizure precautions
- Initiate DVT prophylaxis
- Perform swallow evaluation
- Perform nutritional evaluation
- Obtain PT consult for rehabilitation
- Administer anti-diabetics as prescribed to control diabetes
- Administer antilipemics as prescribed to control hyperlipidemia

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**CALL**
**Monitor for neurological change, indications of increased ICP and call ready response team**
- Monitor client for hemodynamic instability. Initiate shock management and call MD

**Monitor for active bleeding secondary to antiplatelet therapy, heparin therapy or antithrombotics and initiate hemorrhage management & call MD**