Acute Stroke: Assessing and Treating to Optimize Outcomes
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Summary: A good neurologic history and physical examination is required in order to assess acute neurologic change effectively, especially when differentiating acute stroke from other causes of neurologic change. The NIH stroke scale is a standardized neurologic examination, but given the complexities and nuances, can be difficult to accurately score when the patient is not following commands or is obtunded. This presentation guides the learner through common mistakes and pitfalls.

Nursing Implications:

• The nurse is often the first one to discover an acute neurologic change of the patient on the unit. Thus, they must be able to provide the physician with the time of symptom onset. When the time of onset was not witnessed, time last seen normal is considered the time of onset.

• The nurse must be able to describe neurologic exam findings accurately. Using vague or nonstandard terms does not convey the exam. For example, a patient is not merely "confused." Confusion may be due to disorientation, aphasia, and reduced level of consciousness, etc.

• The NIHSS is made more difficult if the patient is not following commands, either from aphasia or a lowered level of consciousness, but there are many techniques that allow the examiner to score the function even without patient cooperation.

• The constellation of symptoms combined with the history can help the care providers determine if an acute neurologic change is due to a serious and irreversible etiology such as stroke, or due to a reversible process such as a toxic or metabolic encephalopathy, or benign processes such as Bell's palsy.

Key Takeaways:

• When nurses assess an acute neurology change, they must provide the time of symptom onset. If onset was not witnessed, the time of last known normal is considered time of onset.

• An NIHSS exam can always be performed and accurately scored, even when the patient is not cooperative. It is never okay to say that you couldn't get a good score because the patient wasn't cooperative.

• An accurate description of the history and physical helps the physician determine the nature of cause, such as a stroke or a stroke mimic, and determine appropriate course of action.
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