Care for a Patient with Stroke

This essay aims to critically analyze the management of the care planned for an adult patient who has been admitted into a hospital after suffering an ischaemic stroke. The study also demonstrates how the Roper-Logan-Tierney nursing model is instrumental in measuring, preparing, effecting, and appraising care given to patients. The opportunities to promote the health of this individual will be identified and implemented, and the nurse's ability to apply knowledge which strengthens safe and effective delivery of care will also be demonstrated. A trusting relationship between a patient and the nurse is formed based on confidentiality. The name of the patient has been altered according to the NMC Code of Conduct (2008) to protect her privacy. A pseudonym of Sandra was used instead of her real name.

The professional life of a nurse can be very challenging, and commitment to the lives of patients is always a priority in the aspects of care. In this paper, nutrition and mobility are the primary elements of care of the R-L-N model which will be addressed. The nurses need a commitment that springs from improving one's skills and knowledge, upholding strong values, and dedicating oneself to daily activities. Handling patients with stroke require utmost competence because their nervous system is impaired.

Nurses can ensure they have a high level of expertise by learning the newest methods of handling patients' conditions, performing their duties with minimal mistakes, and calling for help from other nurses when the situation at hand is uncertain. Learning for any professional takes a whole lifetime. The last aspect covered in the study here is compassion, a requite value for a positive experience on patients. Feo, Kitson, and Conroy state that compassion allows nurses to empathize with their patients humanely and it reassures them of the usefulness of their role in the health sector (2018, p. 129).

The study in this paper shall be dealing with Sandra, who is a 75-year-old woman residing with her husband in the West Midlands. She was an independent individual who played an active role within the community, regularly holding bake sales for charity as well as, having a busy social life with family and friends. She regularly attended church and was taking line dancing classes until she suffered a major stroke and was admitted into stroke rehabilitation at the hospital.

The stroke had a significant impact on Sandra's physical and mental wellbeing. Sandra had lost confidence in herself which led to many insecurities. She felt like she has become a burden on her husband, family, and friends. A stroke occurs due to an interruption in the blood flow to the brain. Some signs of a stroke are a weakness, numbness in the affected areas of the body, incoherent speech, aphasia, and problems with sight. The focal deficit identified in a patient is determined by the ischemic area involved.

The patient has a long medical history starting with peripheral vascular disease (2017), hypertension (2013), type 2 diabetes (2010), raised red-blood-cell counts (2006), atrial fibrillation (2004) and sleep apnea (2001). These conditions are risk factors for having a stroke on a patient. They increase the likelihood of having blood clots in the brain.

Sandra experienced weakness in the body, and she was unable to stand, walk or perform daily correctly without any assistance. Aphasia is another symptom Sandra had experienced, and she had difficulties in swallowing correctly as well as struggling with her speech. The occurrence of these symptoms has had a negative impact not only on Sandra's physical health but also her mental and emotional health. She is unable to carry out tasks and participate in activities which she usually would do, and due to her incoherent speech, she is unable to communicate effectively which has hurt her social life as she finds it difficult to be understood.

The primary goal of stroke management is to restore the original condition of the body thoroughly, but so far, it has not been possible. Sandra was subjected to clot-busting and its removal one hour after she arrived at the hospital. Intravenous recombinant tissue plasminogen activator (IV r-TPA) was used for the thrombolysis process (Berrouschot et al. (2016, p. 1937). The most significant shortcoming of this approach is the brevity of time within which it has to be used for it to be effective (only 4 ½ hours after the stroke).

The Roper-Logan Tierney Nursing Model is based on activities of daily living developed by Nancy Roper, Winfred Logan, and Alison Tierney. The whole process of patient care is assessed to know how the patient's life has changed due to the disease and admission to the hospital facility. The model has biological, sociocultural, psychological, politico-economic and environmental factors which makes it a holistic model (Holland and Jenkins, 2019). They include communication, breathing based on Glasgow coma scale, mobilization, sleeping, maintaining a safe environment, washing, and dressing, working and playing and eating and drinking. The healthcare plan was obtained after a consideration of the factors below.

After the attack of the stroke, Sandra’s home should have clear pathways for swift movement when stroke strikes again, and loose carpets should be removed or secured to increased traction. A portable alarm will be useful to call for help; the washrooms are added with raised toilet seats and a handheld showerhead. A walking aid, e.g., a wheelchair will assist the patient as directed by the stroke survivor's therapist.

Sandra had problems with swallowing after the stroke as expected; she could choke easily at the early stages. The condition is called dysphagia, where the brain cannot activate muscle tissue of the throat to swallow food. The patient was tested at first with a Speech and Language Therapist to watch her taking patterns. Sandra manifested drooling and coughing after eating, showing swallowing trouble. The nurses insisted on making her sit up straight to prevent choking. During the eating seasons, the environment was quiet with no people conversing. Most of the foods given were either pureed, smashed or cut into tiny pieces as per the desire of the patient. Thin liquids like ice cream, milkshakes and Jell-O were shunned in preference for thickened drinks which are safer for swallowing.

Due to her stroke condition, Sandra relies on at least one staff while lying on the bed to make movements. Before getting a referral to a physiotherapist, Sandra depended on three teams to be hoisted from her bed to a chair and back. Currently, she does it with only two staffs accompanied with a zimmer frame. Stroke has impaired her daily living activities severely that she has to rely on other mobility aids couch cane, a gait belt, and a transfer handle to stand up. Sandra needs a lot of equipment that can help her even when visiting a storied building, only that such an arrangement is so costly that she could not afford to consider it.

Sandra's primary language is English; she communicates very effectively without relying on

others to make her wishes known. She does not use any hearing aids, and her speech is free of any difficulties. The only challenge is her terse conversational patterns in which she could go quiet making it hard for the nurses to understand the pain she could be going through entirely. For a nurse to exercise the care aspect of compassion, communication must be seamless and highly effective.

Oxynorm medication on the patient has decreased respiratory depression, and mobility and chances of developing a chest infection are high. The registered respiratory rate for Sandra is 16 breaths per minute with a 98% saturation of oxygen on air. During the examination process, shortness of breath was observed, neither complaints of painful breathing or signs of distress in respiration.

The limited mobility predisposed Sandra into the poor circulation of blood, but despite her stroke, her temperature was constant at 36.9. During the day, she only used a hospital gown, and at night, a sheet and a blanket were enough; no sweating was observed. Sandra was self-employed in business and could spend most of her free time with her one grandchild painting or playing the piano. She enjoys playing music, but her health conditions cannot allow her to do it anymore.

Sandra did not sleep properly in the assessment period because of pain from the wound, change of environment and bowel challenges. The nurses were forced to give her two warm glasses of milk to induce sleep at night. Sandra does not have a well prepared, and the combination of diseases she suffers from keeps her fretful about her future. She never ceases from inquiring about her fate and the odds of her health improving.

Nursing evaluation is a step carried on patients to check whether their condition is improving and that the care administered was effective. Usually, it is the final step of finding out the degree to which expected outcomes were met. It is very complex and challenging for a nurse to carry out this exercise within the time and resources available. The patient Sandra received due care when she was in the hospital. The nurses were always there to assist her in moving, they fed her properly, and all that was within their powers to do. Evaluation is crucial because it is the root for evidence-based approach practice, a measure of effectiveness (Moule et al. (2017, p. 35).

There is a procedure for conducting the evaluation, and it starts with identifying a clinical area where nurses employ the best practice. Next, an interdisciplinary evaluation group with an appraisal process is established. Under this section of a multidisciplinary approach, the quality factors for consideration will be agreed on and could be the scope and purpose of the study, the number of stakeholders to be involved, the rigor of development, clarity and presentation and applicability. The fourth step is searching and retrieving guidelines and finally assessing them. Depending on the factors agreed by the team performing the exercise, it can take a considerably long time.

Pharmacologists, neurologists, nurses, physiotherapists, and Speech and Language Therapists are the pivotal professions engaged in treating a stroke. The pharmacologist and neurologist's role as primary carers is to diagnose and treat the stroke by prescribing drugs to be used. Nurses are involved in managing the patient the whole duration she is in the hospital. Physiotherapists take patients through calculated physical exercises to improve the nervous coordination and mobility of the entire body. All these disciplines must work together seemly to

guarantee high quality and positive patient experience with treatment (Clarke, 2014).

The primary approaches Sandra needs to check are the dietary considerations and eating habits. In the short-term projections, she needs to know that before eating, all cutlery should be near on the table. The TV or radio has to be off because the noise in the background will affect reflex coordination in swallowing. The posture for eating is sitting up straight to avoid any chances of food choking. After eating, Sandra should check with a mirror if the mouth is empty, especially the weaker side. Brushing after every meal is advisable.

As a long-term approach, the family will be involved in choosing the diet for Sandra and organizing for the exercise regimen. The family will be the primary carers for Sandra, and they will liaise with speech pathologists, rehabilitation nurses, neuropsychologists, physiotherapists, and clinical psychologists to work as a team for restoring the patient's health. During the stroke, muscle coordination and strength dwindles, mobility is affected adversely, and communication is severed. The physiotherapists will subject the muscles into relevant activities that will add vitality to muscles and speech specialists train her again on writing and communication. Thinking and memory will be in bad shape, and a psychologist will help improve the condition.

The R-L-N model is a thoroughly systematic way of designing and giving care to patients by evaluating collected information about the patient. Assessment is the first phase of Sandra's nursing process. Prioritization of needs was set to simplify the care plan using the RLN tool for nursing (Holland and Jenkins, 2019). The outcomes of the case study show that the model is unique in addressing the needs of the patient while meeting all the aspects of care. The only challenge with the model is the intensiveness and rigor associated with it. The stay of Sandra in the hospital was so smooth because the Roper-Logan-Tierney model was used. The personal information with the hands of the caregivers is treated with the utmost confidentiality and can only be released to appropriate people upon her approval, like her husband.