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Stroke is a leading cause of long-term disability and fifth leading cause of death. Acute ischemic stroke, intracerebral hemorrhage, and subarachnoid hemorrhage, the 3 subtypes of strokes, have varying treatment modalities. Common themes in management advocate for early interventions to reduce morbidity and mortality but not all perception is supported through randomized controlled trials. Each stroke subtype has varying premorbid-related and ictus-related outcome predictive models that have differing sensitivities and specificities.	
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Managing risk for aspiration in the stroke patient will assist to decrease one of the major complications that these patients experience, which is post-stroke pneumonia. Using an evidenced-based dysphagia protocol is shown to reduce mortality, morbidity, and length of stay caused by post-stroke pneumonia. Physicians, nurses, speech pathologists, and dietitians will be instrumental in performing ongoing assessments and aspiration-prevention strategies to improve stroke patient outcome and reduce complications. Education, and measurement of comprehension, of the care team, patient, and family concerning dysphagia management and prevention of aspiration pneumonia will assist in achieving the aforementioned goals.	
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Hypertension affects 1 in 3 Americans and results in nearly 900,000 inpatient admits annually due to ineffective management. As a primary factor in the development of strokes, hypertension management is essential. The approach to effectively manage hypertension should be done from a multi-point approach to ensure the specific elements that impede the effective management of hypertension within various patient populations are addressed accordingly, which includes, personal, physical, and health needs. The robust implementation of lifestyle modifications, medication therapy, and self-efficacy interventions can improve hypertension management by almost 37%.	

- Nursing Management of Temperature in a Patient with Stroke** 39
Kristine M. McGlennen, Gemi E. Jannotta, and Sarah L. Livesay
- Fever is common in patients with stroke and is associated with worse outcomes. Studies in brain injury informed interventions commonly termed therapeutic temperature management (TTM) to improve the monitoring and management of fever. While the role and benefit of TTM in stroke patients has not been well studied, the nurse and healthcare team must extrapolate existing data to determine how to best monitor and apply TTM after stroke. Nurses should be knowledgeable about interventions to monitor and manage complications of TTM (eg, shivering), the studies underway to quantify the impact of fever treatment and emerging technology expected to improve TTM.
- Stroke Risk Related to Coronavirus Disease-2019: What Have We Learned?** 53
Pamela Pourciau and Britta C. Smith
- Since the initial outbreak of the coronavirus-2019 (COVID-19) in December 2019, a variety of neurologic manifestations have been linked to this virus, including stroke. Comprehensive review of worldwide studies using various methodologies indicated a correlation of increased stroke risk in patients with COVID-19. The literature review also revealed increased morbidity and mortality among patients with COVID-19 and stroke as compared to those with only stroke. This pandemic, with its related healthcare staffing shortages, revealed the requisite to utilize innovative technologies such as Tele-Neurology, as well as public health campaigns focusing on stroke recognition and early treatment.
- Decompressive Hemicraniectomy in the Stroke Patient** 67
Carey Heck
- Decompressive hemicraniectomy (DHC) is a life-saving procedure involving removal of large portions of the skull to relieve intracranial pressure in patients with space occupying cerebral edema such as traumatic brain injury (TBI) and stroke. Although the procedure has been shown to decrease mortality in patients, the risk of severe disability is significant. Quality of life, not just survival, following DHC has emerged as an important consideration when the decision is made to perform a DHC.
- Invasive Neuromonitoring in the Stroke Patient** 83
Carey Heck
- With advances in technology, the options to manage patients with neurologic injuries are often complex. Critical care management of neurologic injury has historically focused on the prevention of secondary ischemic injury through aggressive management of intracranial pressure (ICP) and maintenance of adequate cerebral perfusion pressure (CPP). However, ICP monitoring alone does not identify ischemic changes that herald patient deterioration. Advocates of multimodality monitoring cite the value of early detection of changes in brain oxygenation levels and brain metabolism as advantageous in optimizing stroke outcomes. ICP monitoring alone should not be the sole source of information on which therapy is guided but should be incorporated into the arsenal of emerging and promising invasive neuromonitoring devices.

Stroke Rehabilitation

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Helen P. Neil

Despite contemporary rehabilitation strategies, stroke remains a leading cause of loss of function, limited mobility, psycho-social complications, and decreased quality of life. Stroke rehabilitation is a process that aims to prevent deterioration of function, increase function, and assist the patient in achieving the highest possible level of independence physically, socially, spiritually, psychologically, vocationally, and economically. The process begins with relearning activities of daily living such as grooming, bathing, toileting, eating, and dressing. As the patient progresses, stroke rehabilitation works on instrumental activities of daily living such as house-keeping, cooking, driving, and managing financial responsibilities.