Simulated Clinical Experience (SCE™) Overview

**Location:** Emergency Department

**History/Information:**
A 78-year-old woman has been brought to the Emergency Department by ambulance with right-sided weakness. Paramedics report that she has drooping of the right side of the face and left upper extremity hemiplegia. She also has a right visual field loss. The patient's granddaughter, with whom she lives, states that she noticed a change in the patient approximately one hour prior to calling emergency medical services. The patient has a history of transient ischemic attacks (TIA), the last one occurring six months ago. At that time, she experienced right-sided weakness, which completely resolved. Prior medical history includes atrial fibrillation, coronary artery disease, hypertension, and hyperlipidemia. Home medications include diltiazem hydrochloride XR 180mg PO once daily, atorvastatin 10mg PO once daily and warfarin 5mg PO once daily.

**Healthcare Provider’s Orders:**
Cardiac monitor
Continuous oxygen saturation monitoring
Titrate oxygen to maintain SpO₂ greater than 92%

Learning Objectives

1. Designs an individualized nursing plan of care based upon the pathophysiology of cerebral vascular accident (SYNTHESIS).


3. Evaluates the patient’s response to nursing interventions (ANALYSIS).

4. Modifies nursing care as appropriate based on evaluation of patient outcomes (SYNTHESIS).
1. Compare and contrast the pathophysiological processes involved in the following types of Cerebral Vascular Accidents (CVAs).
   a. Transient Ischemic Attack (TIA)
   b. Thrombotic
   c. Embolic
   d. Hemorrhagic

2. What risk factors contribute to each of the above types of CVA?

3. What signs and symptoms are associated with CVA?

4. What is the goal of therapy in the treatment of patient’s experiencing an acute CVA?

5. Describe the components of a full neurological assessment.

6. How are the results of a head CT used to determine therapy in the patient with CVA?

7. Discuss the use of the following medications: heparin, warfarin and aspirin. Include indications for use, risks of use, potential complications, contraindications, and antidotes.

8. What potential complications may result in a patient following an acute CVA? How would the nurse manage each complication?

9. What nursing interventions are designed to prevent each complication?

10. Why is it critical to obtain a serum glucose level when ruling out a CVA? What other serum electrolyte imbalance can mimic stroke or cause an altered level of consciousness?

11. How is the dosage of anticoagulant and antithrombotic therapy determined initially? Following subsequent PTT results? What lab results are essential?

12. When will Coumadin be administered following a CVA? How will heparin therapy be adjusted once Coumadin is introduced? What lab work is used to determine Coumadin dosage?

13. What nursing interventions are required for the patient with possible swallowing deficits?

14. What nursing interventions are required for the patient with peripheral visual deficits?

15. What action must the nurse take if the patient demonstrates signs and symptoms of neurological deterioration?

References


