

TIA / Stroke

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	<p>Ineffective tissue perfusion: cerebral Related factors: Vasospasm Vascular obstruction Symptoms / Risk factors: Altered mental status Behavioral changes Language deficit Change in motor or sensory response Outcome / Goal: Patient will not exhibit symptoms of neurovascular compromise</p>		<p>Cerebral Perfusion Promotion Maintain adequate oxygenation to ensure cerebral perfusion Monitor for signs and symptoms of increased ICP Use Glasgow Coma Scale Monitor vital sign - assess for change Monitor for respiratory irregularities (slowing rate) Assess pupillary responses Note other symptoms: Headache, vomiting and straining Elevate the head of bed 30 to 45 degrees unless contraindicated Avoid situations which can increase ICP</p>	
	<p>Ineffective denial Related factors: Change in health status Fear of consequences Lack of motivation Symptoms / Risk factors: Displays inappropriate affect Unable to admit impact of disease on life pattern Displaces fear of impact of the condition Outcome / Goal: The person will use alternative coping mechanism</p>		<p>Coping Enhancement Assess current functional capacity (coping, defense mechanisms) Note length and severity of illness Determine the understanding of disease process and expectations for the future Assist the patient to clarify misconceptions Encourage verbalization of feelings, perceptions, and fears Determine outside stressors, such as family, relationships, and social Encourage parent's / family involvement, as appropriate Provide uninterrupted sleep or rest periods Refer to social worker, financial adviser, psychiatric clinical nurse specialist</p>	
	<p>Acute pain Related factors: Increased ICP Meningeal irritation Symptoms / Risk factors: Headache Irritability Outcome / Goal: Patient appears relaxed and comfortable</p>		<p>Pain Management Assess cause of pain: location, character and duration Change the patient's position Investigate verbal reports of pain Observe vital signs _____ Elevate the head of bed 30 to 45 degrees unless contraindicated Administer O2 as ordered Administer medication as prescribed Observe pain (effectiveness of medication)</p>	
	<p>Anxiety Related factors: Health status Environment Symptoms / Risk factors: Anxious Blocking of thought Outcome / Goal: Will experience a reduction in anxiety</p>		<p>Anxiety reduction Assess reasons for anxiety Explain all procedure as appropriate Provide accurate, concrete information about what is being done Spend time talking with patient. Allow to express feelings Teach relaxation exercises techniques to promote sleep and reduce anxiety Administer medications as ordered and monitor for side effects, effectiveness.</p>	