CEREBRAL VASCULAR ACCIDENT

GENERAL INFORMATION

A stroke or cerebral vascular accident (CVA) is the sudden onset of a neurological deficit. Brain tissue death is a result of a hemorrhage or interruption of blood flow in the brain. A stroke always involves loss of function that may include motor or sensory function, coordination, communication, and motor planning. Perceptual/cognitive function and psychosocial problems can also occur.

Eighty percent of strokes occur in the carotid circulation or “commonly” specifically, the middle cerebral artery (MCA). Stroke types are divided into three classifications: thromboembolic or ischemic, hemorrhagic, and aneurysmal/aneurysms. Of the three types listed, thromboembolic or ischemic strokes are most common. Depending upon the site in the brain deprived of appropriate vascularity, specific symptoms will be observed. CVA is the third most common cause of death and the most crippling disease in the United States.

SYMPTOMS

The early signs of a stroke include sudden weakness or numbness in the face, arm, or leg on one side of the body. Loss of speech, trouble talking or understanding speech, dimness or loss of vision, and unexplained dizziness, unsteadiness, or sudden falls are additional symptoms. Specific symptoms will vary per the individual but generally location and size of the necrotic tissue within the brain determine deficit manifestations.

COMPLICATIONS

Immobility is a threat to the client. Deep venous thrombosis (DVT) in the LE occurs in approximately 30% to 50% of stroke clients. DVT puts the client at risk for pulmonary embolism. The LE should be examined daily for discoloration, edema, or pain on movement. DVT intervention requires bedrest with OT at bedside. Seizures can be common following an embolic stroke in 10% of the population. Post-stroke depression is more common in left hemisphere than right hemisphere injury and does not present until months after acute stroke period. Dysphagia can result in aspiration pneumonia; evaluation includes observing the swallowing ability, gag reflex, tongue, and lip movement. A modified barium swallow looks at the involuntary aspects of the process and confirms the deficit. Incontinence is usually a transient problem. A consistent scheduling of toileting helps to re-establish control of voiding issues. Shoulder hand syndrome in the early stage is noted when the client has pain at the wrist, especially in extension, edema over the dorsum of the hand, and pain with passive flexion of the fingers. The intervention is prevention with attention to positioning and graded passive movement of the involved limb. Early intervention is essential to avoid serious